

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 254707

FILED AUG 5 1940

Registration District No. 117

Primary Registration District No. 2021

Registrar's No. 79

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Stell City
(c) Name of hospital or institution AYLOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME George M. Gibson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jobal Gibson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie D. Davis
(b) Address Stell City MO

17. (a) Burial (b) Date thereof July 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEBB CITY, MO

18. (a) Signature of funeral director Webb City, Mo.
(b) Address WEBB CITY, MO

19. (a) JULY 22; 40 (b) J. P. Webster M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Stell City
(If outside city or town limits, write "RURAL")
(d) Street No. 10 14 St. Aylor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 12:20 minute 00 M.

21. I hereby certify that I attended the deceased from June 12 1940 to July 20 1940
that I last saw him alive on July 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cancer of Rt Lung

Due to _____

Other conditions (Include pregnancy within 3 months of death) 45

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

377 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. J. Green (M. D. or other) _____

Address Webb City, Mo. Date signed 7/24/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Alveta M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.) -

If this body is not embalmed, fact should be so stated above.