S. No. 2
-4-13-40
5-17-39
PI X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28039

FILED SEP 16 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 943

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

11
5
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State State Mo. (b) County Caldwell
(c) City or town Hamilton Rural.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sara Ann Gibson
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Gibson
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov (Month) 10 (Day) 1872 (Year)

8. AGE: Years 67 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Hambal (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hwf
11. Industry or business
FATHER
12. Name George Snyder
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant John Gibson
(b) Address Hamilton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director S. R. Laughlin
(b) Address Hamilton, Missouri
19. (a) 8/26/40 (Date received local registrar) (b) H. J. Westbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 26 day
year 1940 hour 6-16 minute A M.
21. I hereby certify that I attended the deceased from Aug 11, 1940 to Aug 26, 1940
that I last saw her alive on Aug 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Carcinoma of uterus

Due to

Other conditions 4 8
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
85
(Specify type of place)
While at work? (e) Means of injury

23. Signature Olf Weed (M. D. or other) 300
Address St. Joseph Mo. Date signed Aug 26/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ to be embalmed by me, or by G. R. Houghton, Registered Apprentice No. ..... working under my personal supervision.

Signed G. R. Houghton

Licensed Embalmer No. 3854

P. O. Address: Hamilton Mo

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

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