S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32011

Registration District No. 18

Primary Registration District No. 2001

Registrar's No. 724

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

9
3
6

1. PLACE OF DEATH:

(a) County GREENF

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1904 East Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community Life-time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits write "RURAL")

0

(d) Street No. 1904 E. Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME George Gibson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lily Gibson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 28, (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	64	4	7	hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation retired laborer 1

11. Industry or business 0

FATHER
12. Name Shaderick Gibson
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Malinda Carter
15. Birthplace Springfield, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Henry Gibson
(b) Address 1904 E. Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut

19. (a) Sept. 7 1940. (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5, year 1940 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from 1937, 19..., to Sept 5, 1940, that I last saw him alive on 9/5/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Colon primary.

Due to

Due to

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

23. Signature W. E. Ceeder (M. D. or other)
Address Springfield Date signed 9/6/40

(Licensed Embalmer's Statement on Reverse Side)

#5

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 429 W Walnut

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, above space should be left blank.