No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35305

Registration District No. 318 FILED NOV 22 1940

Primary Registration District No. 2001

Registrar's No. 822

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

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

(d) Street No. Route 2 (If rural, give location)

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

3. (a) PRINT FULL NAME Allen Berry Gibson

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 29 (Day) 1863 (Year)

8. AGE: Years 77 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Christian County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

11. Industry or business On Farm

FATHER
12. Name John A. Gibson 9
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Gibson

(b) Address Route 2, Ozark, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director Alma Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-8-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1940 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1st, 1940, to Oct. 7th, 1940; that I last saw him alive on Oct. 6th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis (acute dilatation of the heart).

Due to 93C

Due to

Other conditions Arteriosclerotic Gangrene of Right Foot (Include pregnancy within 3 months of death)

Major findings: Of operations Arteriosclerotic Gangrene of Right Foot

Of autopsy None made

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 Paul O. Upshaw, M.D. (M. D. or other)

Address Springfield, Mo. Date signed 10-7-40

(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 embalmed by me, or by C C George, Registered Apprentice No. 204 working under my personal supervision.

Signed E O Northey

Licensed Embalmer No. 1781

P. O. Address Springfield Ky

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

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