

S. No. 2  
-11-10-39  
-5-17-39  
-1 X21492

NOV 20 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35518

State File No. \_\_\_\_\_

Registration District No. 400

Primary Registration District No. 555010

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Prater Township

(c) Name of hospital or institution: Jackson County Home for the Aged  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs 9 1/2 mo  
(Specify whether)

In this community 35 years  
years, months or days)

8. (a) PRINT FULL NAME William J. Gibbs

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. none

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 2 11 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Do not know

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. McCarthy

(b) Address Little Blue, Mo.

17. (a) Removed (b) Date thereof Oct 9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation @ Kansas City Kan.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 13 Grand

19. (a) Oct 8-40 (b) Jane S. Baird  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

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

(d) Street No. 1739 Summit St  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? Don't know years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1940 hour \_\_\_\_\_ minute 5 P. M.

21. I hereby certify that I attended the deceased from June 1 1940 to October 4 1940 and that death occurred on the date and hour stated above.

that I last saw him alive on Oct 3 1940

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) J. H.

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature W. J. McCarthy (Specify type of physician) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Address Little Blue Mo Date signed Oct 4 40

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

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**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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address 19. C. 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, above space should be left blank.**