

Registration District No. 105

Primary Registration District No. 8788

Registrar's No. 24

FILED

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

1. PLACE OF DEATH: **CALLHAWAY**
 (a) County **CALLHAWAY**
 (b) City or town **PORTLAND**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Callaway**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Life** years, months or days **2**

3. (a) PRINT FULL NAME **Nettie E. Gibson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **WALTER H. GIBSON** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCT. 10 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **17** If less than one day
 hr. _____ min. _____

9. Birthplace **PORTLAND MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____

12. Name **ALFRED BRASHEAR'S**

13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **ROSA ARNES**

15. Birthplace **PORTLAND MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss KATHRYN GIBSON**

(b) Address **PORTLAND, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **NOV. 28, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PORTLAND, Mo.**

18. (a) Signature of funeral director **Glen Y. Mansin**

(b) Address **700 Court St. Fulton, Mo.**

19. (a) **11-28-1940** (b) **W. H. Williamson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **CALLHAWAY**
 (c) City or town **PORTLAND**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0** (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27**, 1940
year **1940** hour **3:30** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Nov. 24**, 1940 to **Nov. 24**, 1940
that I last saw her alive on **Nov. 24**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** 3 clas.

Due to _____
Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **Glen Y. Mansin** (M. D. or other)
Address **Fulton, Mo.** Date signed _____

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

Walter F. Hedges

Registered Apprentice No.

263

working under my personal supervision.

Signed

Glen Y. Maupin

Licensed Embalmer No.

2725

P. O. Address

Fulton, 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.