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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18081

Registration District No. 404 Primary Registration District No. 5558 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 97th & Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 97th & Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Fred B. Gibbs

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence V. Gibbs 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 13, (Month) (Day) (Year)

8. AGE: Years 66 Months Days If less than one day ..... hr. ..... min.

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

10. Usual occupation Owner

11. Industry or business Gibbs Kennels

FATHER
12. Name A. L. Gibbs
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kellista Fickle
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence V. Gibbs
(b) Address 97th and Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Quirk & Tobin Co.
(b) Address Kansas City Mo.

19. (a) 5-26-41 (Date received local registrar) (b) R. V. Lindsey & Sons By Roscoe H. Keeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 41 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Chronic [illegible] myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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 [illegible] (M. D. or other) 5/15/41
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1941

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address 20 W. Linwood

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

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