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FILLED JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22819

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Putman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
In this community 2 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 27
(c) City or town Nelson, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joel Henry Gibson

3. (b) If veteran, name war No
3. (c) Social Security No. No

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

6. (b) Name of husband or wife Miranda Gibson
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 15, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 22 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

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

14. Maiden name Rachel Thomas
15. Birthplace Pettis County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Dewitt
(b) Address Beaman Mo.

17. (a) Burial (b) Date thereof 6/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peninsula Cemetery

18. (a) Signature of funeral director R. D. Mentzer
(b) Address Boonville, Missouri

19. (a) 6-9-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th. day June
1941 year hour 10.20 minute A.M.

21. I hereby certify that I attended the deceased from May 16, 1941
to June 7, 1941
and that I last saw him alive on June 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of urinary bladder
Due to Retained stone in bladder

Duration 8 mo
10 yrs
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature Richard T. Nuckles (M.D. or other) DO.
Address Marshall Mo. Date signed June 9, 1941

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-91

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 *W. L. Fuland*
Licensed Embalmer No. *1399*
P. O. Address *Higbee St*

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.