

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26940

State File No.

FILED SEP 17 1941

791

Primary Registration District No.

1003

Registrar's No.

6732

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 3 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4908 Washington Ave.
(If rural, give location)
(e) ~~Foreign born~~ _____ years.

3. (a) PRINT FULL NAME Jennings Dortch Gibson

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

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

6. (b) Name of husband or wife Ila 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug. 2 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 0 16 hr. min.

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

10. Usual occupation Real Estate Business

11. Industry or business _____

12. Name Unknown Gibson 9

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

14. Maiden name Sarah Unknown

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

16. (a) Informant Ila Gibson

(b) Address 4908 Washington Ave.

17. (a) Removal (b) Date thereof 8/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) AUG 18 1941 4700 Washington Ave.

19. (a) _____ (b) J. H. Weaver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1941 hour 8:38 minute 0 M.

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

Immediate cause of death
Chronic Pulmonary Tuberculosis
Heart Exhaustion
Heart Stroke
Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 1941

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) 3

Address Depue, Mo. Date signed 8/18/41

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

8-455-07-6850

000
17
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Albert G. Hoffe*

Licensed Embalmer No. *2971*

P. O. Address.....

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.