

2
41
39
26390

FILED OCT 10 1941

Registration District No. **262**

Primary Registration District No. **4161**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County De Kalb
 (b) City or town Union Star Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community all of life years, months or days

3. (a) PRINT FULL NAME Lewis Richard Gibson
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex M-O **5. Color or race** W-
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clare E. Gibson
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased (Month) 2 (Day) 1853 (Year)

8. AGE: Years 85 Months 11 Days 25
 If less than one day hr. _____ min. _____

9. Birthplace Andrew Co Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & School teacher

11. Industry or business _____

MOTHER FATHER
12. Name Lewis Gibson
13. Birthplace Union Star Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Rachel Moore
15. Birthplace Union Star Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Clare E. Gibson
(b) Address King City Mo.

17. (a) buried **(b) Date thereof** 9-29-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo.

19. (a) 9/12/41 **(b)** E. M. Reynolds
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County De Kalb
 (c) City or town Union Star Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 32
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
 year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan
1941 to Sept 9 1941
 that I last saw him alive on Sept 27 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 6 weeks
 Duration

Due to Arterio sclerosis

Due to _____
 Other conditions 430
 (include pregnancy within 5 months of death)

Major findings:
 Of operations _____
 Of autopsy no
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. M. Reynolds (M. D. or other)
Address Union Star Mo **Date signed** 9/27/41

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

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 *R. G. Treggert* -

Licensed Embalmer No. *2563* -

P. O. Address *King City*

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.