

Registration District No. **733**

Primary Registration District No. **4438**

**1. PLACE OF DEATH:**  
(a) County Randolph  
(b) City or town Huntsville 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 0  
(Specify whether years, months or days)  
In this community entire life 1

**3. (a) PRINT FULL NAME** Nannie Elizabeth Gibson  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** 2

**4. Sex** female **5. Color or race** white **6. (a) Single, widowed, married, divorced** single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Nov. 14 1918  
(Month) (Day) (Year)

**8. AGE:** Years 22 Months 10 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Huntsville mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** General Housekeeping

**11. Industry or business** \_\_\_\_\_  
**12. Name** Luther Gibson  
**13. Birthplace** Kansas 1  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Edna Perkins  
**15. Birthplace** Macon County 0  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs Edna Gibson  
**(b) Address** Huntsville, Mo

**17. (a)** Burial **(b) Date thereof** 9-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Huntsville

**18. (a) Signature of funeral director** Tom B. Patton  
**(b) Address** Huntsville Mo

**19. (a)** Spt. 20-1941 **(b)** Mrs D A Bauerkopf  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Randolph  
(c) City or town Huntsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Library St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept day 24 year 1941 hour 3 minute 40 M.  
**21. I hereby certify that I attended the deceased from** Sept 10, 1941, to Sept 23, 1941;  
that I last saw her alive on Sept 23, 1941;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** mitral stenosis 3 yrs  
**Due to** Pneumonia  
**Due to** 92B

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**Major findings:** none  
**Of operations** \_\_\_\_\_  
**Of autopsy** abdomen opened  
no pathology found

**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** P. D. Dwyer M.D. (M. D. or other) D  
**Address** Huntsville Mo **Date signed** 9/27/41

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

810

OCT 2

1944

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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.....

*Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntville, W*

**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.**