S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34979

Registration District No. 318 — Primary Registration District No. 5439 — Registrar's No. 841

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town ~~Springfield~~ Rural N. Camp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2, Division Street Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town ~~Springfield~~, Rural N. Camp
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Charles Marion Gibson

3. (b) If veteran, name war None — 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown — 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October (Month) 21, (Day) 1872 (Year)

8. AGE: Years 68 — Months 11 — Days 29 — If less than one day ____ hr. ____ min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Frisco Railway Fireman

11. Industry or business Railroad

FATHER
12. Name Joshua D. Gibson
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Nancy Ellen Bodenhammer
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mr. I. K. Gibson
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 10-23-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th, year 1941 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from viewed the body at Alma Lohmeyer - Windendell Fun. Home on Oct. 20, 1941 to ____ 19__ and that I last saw it alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fell from Scaffold at Oakland Methodist Church

Due to and sustained a

Due to Broken Neck

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

186a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-20-41 1:33
(c) Where did injury occur? Spfld. (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? Yes (e) Means of injury accident

23. Signature J. F. Boehm Acting Coroner (M. D. or other)
Address 227 E. Olive St. Date signed 10/24/41
Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3449

P. O. Address Springfield Mo

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.