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X26390

ADDED DEC 3 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town 725 N. Odell Marshall Mo
(c) Name of hospital or institution:
725 N Odell
(d) Length of stay: In hospital or institution.
In this community 35-yr 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Claud Gibson
3. (b) If veteran, name war. No.
3. (c) Social Security No.

4. Sex Fe 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude Gibson
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Oct - 24 - 1894
(Month) (Day) (Year)

8. AGE: Year 47 Months 0 Days 24
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business atchley

12. Name John R. Ruchshel

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

14. Maiden name Mrs. Edy Meyer

15. Birthplace Lebanon Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Atchley

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 11-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall MO

18. (a) Signature of funeral director Harry Herschberger

(b) Address Marshall Mo

19. (a) 11-19-41 (b) Harry Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 097
(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")
(d) Street No. 725 N. Odell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 18 to Nov 18
that I last saw him alive on Nov 18 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention
Duration 3 hrs

Due to
Due to

Other conditions Arthur Bouché 15yr
(Include pregnancy within 3 months of death)

Major findings: 9504
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?

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

23. Signature Harry Kent (M. D. or Public)
Address Marshall Mo Date signed 11/19/41

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

DEC 3 1941

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.....

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.