

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6384

State File No.

Registration District No.

Primary Registration District No. 3014

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1606 W. Main St.
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No 1606 W. Main St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Walter Wright Gibbany

3. (b) If veteran, name war None 3. (c) Social Security No. 486-12-438

20. DATE OF DEATH: Month January day 28 year 1942 hour 07:30 minute 25 A.M.

21. I hereby certify that I attended the deceased from January 19, 1942 to January 28, 1942; that I last saw him alive on January 28, 1942; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta May Gibbany 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 16, 1887
(Month) (Day) (Year)

Immediate cause of death Complete heart block and mitral regurgitation Duration 24 yrs

8. AGE: Years 54 Months 9 Days 12 If less than one day hr. min

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 8 months of death) 95a

10. Usual occupation Educator

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William A. Gibbany

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

14. Maiden name Sarah A. Millsap

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

16. (a) Informant Etta May Gibbany

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof Jan. 29, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paul E. Johnson

(b) Address Jefferson City, Mo.

19. (a) Jan 29, 1942 (b) Paul E. Johnson
(Date received local registrar) (Registrar's signature)

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 Paul E. Johnson (M. D. or other) D.O.

Address Jefferson City, Mo. Date signed 1/29/42

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

8994

REAR WINDOW

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 *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Jefferson 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.