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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21188

Primary Registration District No. 2001

Registrar's No. 475

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2011 W. Walnut Street 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 2011 W. Walnut Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MINNIE AUGUSTUS GIBSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Samuel A. Gibson

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased October (Month) 3 (Day) 1867 (Year)

8. AGE: Years 74 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Genaseo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name D. L. Chambers
13. Birthplace No Record (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Kinnetta Jenkins
15. Birthplace No Record (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant Mrs. Nora Grubb
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. C. Akerman
(b) Address Springfield, Mo.

19. (a) 6-25-42 (Date received local registrar) (b) O. W. E. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1942 hour 9:45 minute A.M.

21. I hereby certify that I attended the deceased from June 15th 1942 to June 24, 1942 that I last saw her alive on June 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Toxemia.	
Diabetes Mellitus	6 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Newton Akerman (M. D. or other)
Address Springfield, Mo. Date signed 6-24-42

484 (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 R H Etienne

Licensed Embalmer No. 3681

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.