

FILED JAN - 8 1942  
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **391**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**108 West Jefferson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **five years**  
(Specify whether  
In this community **five years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **108 West Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **David H. 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 **Married**

6. (b) Name of husband or wife **Myrtle McMackin Gibson** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **June 3, 1873**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **27** hr. min.

9. Birthplace **New Franklin, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **painter-paper hanger**

11. Industry or business \_\_\_\_\_

12. Name **George Gibson**

13. Birthplace **Howard County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Ramey**

15. Birthplace **Howard County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Gibson (wife)**

(b) Address **108 West Jefferson, Sedalia**

17. (a) **Burial** (b) Date thereof **12/1/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Franklin, Mo.**

18. (a) Signature of funeral director **Diagne Ewing**  
(b) Address **Sedalia, Mo.**

19. (a) **12/1/42** (Date received local registrar) **Anna Berger** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**  
year **1942** hour **10:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov 25**  
**1942** to **Nov 30** 19**42**  
that I last saw him alive on **Nov 28** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Brucella Pneumonia** Duration \_\_\_\_\_

Due to **Septicemia**

Due to **Cardio Nephritis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **13/a** PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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 **Mo** \_\_\_\_\_

(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 **Ed Swavely** (M-D or other) \_\_\_\_\_  
Address **Sedalia Mo** Date signed **12-1-42**

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

064

Health Officer No. 8,  
Case File Number \_\_\_\_\_  
Date Filed 1-6-42

*Dr. Snowdy*

**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 *Duane Ewing*  
Licensed Embalmer No. *38747*  
P. O. Address *Sedalia 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.**