

128  
FILED JAN 26 1943

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 11

1. PLACE OF DEATH: GREENE  
 (a) County: GREENE  
 (b) City or town: Springfield Rural & Campbell  
 (c) Name of hospital or institution: MEDICAL CENTER FOR FEDERAL PRISONERS 2  
 (d) Length of stay: In hospital or institution: 6 Mos., 12 Days  
 In this community: 6 Months, 12 Days.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Florida (b) County: Duval 39  
 (c) City or town: Jacksonville  
 (d) Street No.: R #4, Box 717  
 (e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME: GIBBS, Olford

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

4. Sex: male 5. Color or race: negro 6. (a) Single, widowed, married, divorced: widowed  
 6. (b) Name of husband or wife: Dothia Johnson 6. (c) Age of husband or wife if alive: Dec. years  
 7. Birth date of deceased: July 29 1907

8. AGE:	Years	Months	Days	If less than one day
✓ 35	5	6		hr. min.

9. Birthplace: Jacksonville, Florida 1

10. Usual occupation: laborer

11. Industry or business:

MOTHER FATHER {  
 12. Name: Boyd Gibbs  
 13. Birthplace: Unknown U.S.A. 1  
 14. Maiden name: unknown  
 15. Birthplace: Unknown U.S.A. 1

16. (a) Informant: File

(b) Address: burial (b) Date thereof: Jan. 9, 1943

(c) Place: burial or cremation: Jacksonville, Florida

18. (a) Signature of funeral director: Fred C. Thieme

(b) Address: Springfield, Missouri

19. (a) 1-9-43 (b) B. M. Standley

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: January day: 5 year: 1943 hour: 11 minute: 20 P.M.

21. I hereby certify that I attended the deceased from June 24, 1942, to January 5, 1943, that I last saw him alive on January 5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced

Due to: 13 L 1  
 Due to:

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

PHYSICIAN  
 Major findings: Of operations  
 Of autopsy

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) (Means of injury)

23. Signature: R. A. McCann (M. D.)

Address: MCEP Clinical Director Date signed: 1-7-43

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

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**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.....

*Fred C. Thieme*

Licensed Embalmer No.....

*2899*

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.**