S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 3221

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 372

State File No. 7776

Registrar's No. 55

97 / 2

1. PLACE OF DEATH:

(a) County: Saline

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

(c) Name of hospital or institution: 581 South Jefferson /
(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: 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline

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

(d) Street No.: 581 South Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Stonewall J. Gibson

3. (b) If veteran, name war: #

3. (c) Social Security No.: #

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Edith E. Crouch

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

7. Birth date of deceased: April (Month) 19 (Day) 1866 (Year)

8. AGE: Years 66 | Months 10 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Thomas Gibson
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mrs. S. J. Gibson
(b) Address: Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Cemetery

18. (a) Signature of funeral director: J. Julia Bussey
(b) Address: Marshall, Mo.

19. (a) 2-26-43 (Date received local registrar) (b) Mrs T. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to Feb 25, 1943; that I last saw him alive on Feb 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute Indigestion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Light Stroke 4-5 yrs ago	

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

23. Signature: Richard T. Nuckles (M.D. or other) D.O.
Address: Marshall, Mo. Date signed: 2/26/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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 J. Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.