. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7934

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 10 months (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair 108 4

(c) City or town Osceola 4
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lawrence Kelly Gibbens

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Eliz. Gibbens

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

7. Birth date of deceased March (Month) 23 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	9	19	hr. min.

9. Birthplace Oceola (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Chimney Sweep

11. Industry or business

FATHER
12. Name Nathaniel Gibbens
13. Birthplace Dk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Lee Younger
15. Birthplace Jackson Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Hosp Recd
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Mary Eickinger
(b) Address Nevada Mo

19. (a) Jan. 11, 1943 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 11
year 1943 hour 5 minute 08 M.

21. I hereby certify that I attended the deceased from March 2, 1941, to Jan. 11, 1943
that I last saw him alive on Jan. 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Deg. Myocarditis

Due to Gen. arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 Wm. J. Crane (M. D. ~~or other~~)

Address Nevada Date signed 1-11-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-43-56
Date Filed 2-4-43

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.