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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 11 1943

Registration District No. 362 Primary Registration District No. 6233 Registrar's No. 6

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

1. PLACE OF DEATH: Warren County
(a) County ~~Ruth Katherine Gibson~~
(b) City or town Rural, Camp Branch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Years 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107
(a) State Missouri (b) County Warren 0
(c) City or town ~~Warrenton~~ Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Morsey School House
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ruth Katherine Gibson.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charley L. Gibson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 10 (Day) 1872 (Year)

8. AGE: Years 70 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Warren Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business General Duties
FATHER
12. Name George Washington Gibson.
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Matilda Hoss.
15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
16. (a) Informant Charley L. Gibson
(b) Address Warrenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Central Grove Cem.
18. (a) Signature of funeral director Alan L. Jones.
(b) Address Bellflower Mo.
19. (a) Feb 20 1943 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1943 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from Feb. 12, 1943, to Feb 14, 1943, that I last saw her alive on Feb. 14, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Cardio Renal Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [illegible] (M. D. or other) [illegible]
Address [illegible] Date signed Feb. 15, 43

126k

(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.....

Me ....., Registered Apprentice No.....,

working under my personal supervision.

Signed Aland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.