S. No. 2
M—9-4-41
v 5-17-39
X29434

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10532

Registration District No. 755 Primary Registration District No. 3127 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 32½ S. Main 1
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6 2
(If outside city or town limits, write "RURAL")

(d) Street No. 32½ S Main
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME James I Gibson

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

3. (c) Social Security No. 445-09-1938

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Viola Gibson

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased May (Month) 18 (Day) 1903 (Year)

8. AGE: Years 39 Months 10 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Webb City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Miner

11. Industry or business .....

FATHER
12. Name George Gibson
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Fannie Ireland
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Viola Gibson
(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) Mar. 20, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1943 hour 1715 minute P. M.

21. I hereby certify that I attended the deceased from 3-16, 1943, to 3-19, 1943 that I last saw him alive on 3-19- 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute dilatation of heart	
Due to chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93d

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 2

23. Signature M S Slaughter (M. D. or other) 100

Address 205 W Broadway Date signed 3-20-43

1180 (Licensed Embalmer's Statement on Reverse Side) Webb City Mo

43-3-336

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 Myself

, Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.