

Registration District No. 3022

Primary Registration District No. 3022

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

**1. PLACE OF DEATH:**

(a) County Harrison

(b) City or town Bethany

(c) Name of hospital or institution: Bethany Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 2 days (Specify whether In this community years, months or days) (Specify whether (If rural, give location))

**3. (a) PRINT FULL NAME** JOHN CALVIN GIBSON

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** M **5. Color or race** White

**6. (a) Single, widowed, married,** 2 divorced widowers

**6. (b) Name of husband or wife** Margaret Gibson **6. (c) Age of husband or wife if** alive years \_\_\_\_\_

**7. Birth date of deceased** Nov 24 1860  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>5</u>	hr. _____ min.

**9. Birthplace** Harrison Co, MO  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business**

**12. Name** Alexander Gibson

**13. Birthplace** Washington Ind.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Washington

**15. Birthplace** Washington Ind.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ray Gibson

**(b) Address** Dexter MO

**17. (a) Burial, cremation, or removal** Removal **(b) Date thereof** 4-29-43  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Albany, MO

**18. (a) Signature of funeral director** Arch C. Dingle

**(b) Address** Bethany, MO

**19. (a) Date received local registrar** April 27-1943 **(b) Registrar's signature** Johanna Burris

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Worth

(c) City or town Albany Rural  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 29  
year 1943 hour 6 minute 15 A. M.

**21. I hereby certify that I attended the deceased from** April 27  
1943, to April 29, 1943  
that I last saw him alive on April 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Heart failure

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** A. R. Lytle (M. D. or other) \_\_\_\_\_  
Address Bethany, MO Date signed 4-29-43

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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

*Arch C. Dumblee*

Licensed Embalmer No. 3252

P. O. Address Grant 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, above space should be left blank.**