

FILED JUN 10 1943 994  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Woodland Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **two days**  
(Specify whether  
In this community **entire life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Huntsville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Elm Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Beverly Ann Gibson**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 13 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 1 20** hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Basil Gibson**  
13. Birthplace **College Mound Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fannie Lucille Mason**  
15. Birthplace **New Cambria Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Basil Gibson**  
(b) Address **Huntsville, Missouri**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **5/5/1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Hebron Cemetery**

18. (a) Signature of funeral director **Paul T. Patton**  
(b) Address **Huntsville, Mo**

19. (a) **6-4-43** (Date received local registrar) (b) **Irma Hare** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**  
year **43** hour \_\_\_\_\_ minute **54.5** A.M.

21. I hereby certify that I attended the deceased from **May 2 1943 to May 4 1943**  
that I last saw him alive on **May 3 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Emergency of Heart Disease**

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

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Irma Hare** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **6/12/43**

RECEIVED

District Health Officer No. 10

District File Number 6-43-1033  
JUN 8 1943

Date Filed .....

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.....

*Paul J. Batton*

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

working under my personal supervision.

Signed..... *Paul J. Batton* .....

Licensed Embalmer No..... 4095 .....

P. O. Address..... Huntsville, 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.