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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27711

REGISTRATION DISTRICT NO. 42

Primary Registration District No. 1000

Registrar's No. 887

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1mo, 12 days
 (Specify whether
 In this community 7 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1807 Dewey
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES GIBSON

3. (b) If veteran, name war none 3. (c) Social Security No. 488-14-6416

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Bertha Rhoda Gibson 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Feb. 22 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 14 hr. min.

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

10. Usual occupation farmer

11. Industry or business Farm

12. Name Benjamin Gibson
 13. Birthplace Cass County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Hattie Stillwell
 15. Birthplace Ottawa Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Gibson
 (b) Address 1807 Dewey St. Joseph, Mo.

17. (a) burial (b) Date thereof 8/9/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Robert B. & Bowman
 (b) Address St. Joseph, Mo.

19. (a) 9/9/43 (b) Rae Heigoy
 (Date received at registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
 year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 24, 1943 to August 6, 1943
 that I last saw him alive on August 6, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
 Duration over two months

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

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 Clayton Smith (M. D. or other) M.D.
 Social Welfare Board
 Address St. Joseph, Mo. Date signed 8/7/43

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

MOTHER FATHER

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.....
Frank A. Bennett

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.