

FILED SEP 9 1943 366

State File No. _____

Registration District No. _____

Primary Registration District No. 6243

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Alford O Gibson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lara Gibson 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Sept 15 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Barrett (City, town, or county) MO (State or foreign country)

10. Usual occupation _____

11. Industry or business Labor

MOTHER FATHER { 12. Name George Gibson
13. Birthplace St. Francis (City, town, county) (State or foreign country) Ohio
14. Maiden name Malinda Redder
15. Birthplace St. Francis (City, town, or county) (State or foreign country) Ohio

16. (a) Informant Lara Gibson

(b) Address Potosi MO

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof aug 20 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Barrett

18. (a) Signature of funeral director L. J. Sparks

(b) Address Potosi MO

19. (a) 8-18-1943 (Date received local registrar) (b) Joseph L. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 18 year 1943 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8-17-1943 to 8-18-1943
that I last saw him alive on 8-17-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Hypertension

Due to _____
Other conditions Valvular heart lesion
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 92d

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 Joseph L. Plummer (M. D. or other) Address Potosi, Mo. Date signed 8-18-43

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

RECEIVED

District Health Officer No. 4

District File Number 943-2673

Date Filed 9-8-43

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 Everett Saurbo

Licensed Embalmer No. 4987

P. O. Address Flat River

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.