

S. No. 2  
M-2-43  
17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3547A

State File No. \_\_\_\_\_

LED NOV 15 1943  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 324

1. PLACE OF DEATH:  
 (a) County PETTIS  
 (b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BOTHWELL HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 HRS.  
(Specify whether  
 In this community 38 YEARS  
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County PETTIS 080  
 (c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1507 SA. MONITEAU  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ ii

3. (a) PRINT FULL NAME WILLIAM RUFUS GIBBS  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 487-12-9695

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month OCTOBER day 13<sup>th</sup>  
 year 1943 hour 3:45 minute 10 P. M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MARY  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 5-29-1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Oct 10 1943, to Oct 13 1943  
 that I last saw him alive on Oct 13 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 4 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Abscess of throat and larynx of neck  
possible malignant growth  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration  
5 da  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

9. Birthplace CLEARMONT Mo. U  
(City, town, or county) (State or foreign country)

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

10. Usual occupation CARPENTER

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

MOTHER FATHER  
 12. Name ELBERT GIBBS  
 13. Birthplace \_\_\_\_\_ TENN  
(City, town, or county) (State or foreign country)  
 14. Maiden name DELIA HARDEN  
 15. Birthplace \_\_\_\_\_ TENN  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Specimens in hands of pathologist

16. (a) Informant MARY MAHONEY GIBBS  
 (b) Address SEDALIA

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?

17. (a) BURIAL (b) Date thereof 10-18-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie  
 (b) Address SEDALIA Mo.

23. Signature A. L. Walter (M. D. or other) M.D.  
 Address Sedalia Mo Date signed 10-18-43  
(Specify type of place) Means of injury ?

19. (a) 10/14/43 (b) Mrs Anna Bayer  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-43

MAY 21 1946

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

*L. E. Boulcher*

Licensed Embalmer No.

3867

P. O. Address

*Seabrook*

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.

Registration District No. 274 Primary Registration District No. 0052 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Wm Rufus Gibbs

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 M

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

7. Birth date of deceased May 29 1861  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days \_\_\_\_\_ (less than one day) min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

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

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1943 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to abscess of throat and cellulitis of neck of such a severe malignant growth  
Due to simplex Sarcoma of glands of neck  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 55  
Of operations \_\_\_\_\_  
Of autopsy Lympho Sarcoma

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 W Walter (M. D. or other) MO  
Address Sedalia MO Date signed Nov 6 43

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

SUPPLEMENTAL

TEMPORARY

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