

NOV 10 1943

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 151

1. PLACE OF DEATH

(a) County Wagon

(b) City or town Marion - Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp. # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days &
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 108

(c) City or town Rick Hill
(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 0

3. (a) PRINT FULL NAME Lee Ora Gibbs

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Sivils Gibbs

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 5 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 5 18 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jeremiah Gibbs

13. Birthplace Point Marion, Penn
(City, town, or county) (State or foreign country)

14. Maiden name Agatha Gibbs

15. Birthplace Spring City, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Angie Head

(b) Address Marion, Missouri

17. (a) Burial (b) Date thereof Oct 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Rick Hill Mo

19. (a) 10-23-43 (b) Doyle B. Burch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1943 hour 12 minute 10 P.

21. I hereby certify that I attended the deceased from Oct 11, 1943, to Oct 23, 1943
that I last saw him alive on Oct 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypostatic Congestion

Due to the myocarditis

Due to severe arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 93A

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 Wm. J. Cremer (M. D. or other)

Address Marion Date signed 10/23/43

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

1943

District No. 7

Case No. 10-43-1234

Date Filed 11-9-43

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.....

John H. Underwood....., Registered Apprentice No. *3585*
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address *Rick Hill, 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.