

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 5 1944/49  
Registration District No. 1944/49

Primary Registration District No. 1002

Registrar's No. 5534

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3814 Central /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 60 years, (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3814 Central,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Ida Bell Gibson *1121*

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Howard W. Gibson 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 22 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name James Beggs,

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

14. Maiden name Margaret Parkinson

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

16. (a) Informant Miss Odessa Gibson,

(b) Address 3814 Central, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-27-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th  
year 1943 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from September 4, 1943 to Dec 24, 1943

that I last saw her alive on Dec 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 5 yrs

Due to Arterio Sclerosis

Due to old age - 93 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 M. P. Carbell Mt. (M.D. or other)

Address 4400 Baltimore K. C. Mo. signed 12-27-43

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

MOTHER, FATHER

OCT 22 1948

Dr. Casebolt

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 *John H. Kewley*.....

Licensed Embalmer No. *4050*.....

P. O. Address *Kansas City 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.