

FILED JAN 19 1943
Registration District No. **178**

Primary Registration District No. **3024**

Registrar's No. **85**

1. PLACE OF DEATH: **Howard**
 (a) County **Howard**
 (b) City or town **Fayette**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Home 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **45**
 (a) State **Mo** (b) County **Howard**
 (c) City or town **Fayette**
 (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **BENJAMIN ELLIOTT GIBBS**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **486-12-6708**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **11**
 year **1943** hour **3** minute **40 P. M.**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Mar**
 6. (b) Name of husband or wife **Lucile Gibbs** 6. (c) Age of husband or wife if alive **38** years
 7. Birth date of deceased **July 26, 1883**
 (Month) (Day) (Year)
 8. AGE: Years **60** Months **4** Days **15** If less than one day _____ hr. _____ min.

21. I hereby certify that I attended the deceased from **11-28-43** 19 to **12-11** 19 **43**
 that I last saw him alive on **12-11** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis**
 Due to **chronic myocarditis** **1 yr**
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations **abd**
 Of autopsy _____

Duration **1 wk**
1 yr
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace **Renick Mo**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer**
 11. Industry or business _____
 12. Name **James H. Gibbs**
 13. Birthplace **Va**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Betty Tolson**
 15. Birthplace **Mo**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs. Lucile Gibbs**
 (b) Address **Fayette Mo**
 17. (a) **Burial** (b) Date thereof **12-13-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Pleasant Green Cem**
 18. (a) Signature of funeral director **K. P. McFarley**
 (b) Address **Ida now, Mo**
 19. (a) **12-13-1943** (b) **Emmet McMillan**
 (Date received local registrar) (Registrar's signature)

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? _____
 (Specify type of place) _____
 While at work? _____ (e) Means of injury **car**
 23. Signature **D. B. Johnson** (M. D. or other) **M.D.**
 Address **Fayette Mo** Date signed **12-13-43**

1321

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-18-44

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 K.P. McLeary

Licensed Embalmer No. 31530

P. O. Address Glasgow, 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, above space should be left blank.