

Registration District No.

Primary Registration District No. 3025

Registrar's No. 11

FILED FEB 4 1944

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains
(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 4 yrs.....
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Howell

(c) City or town West Plains
(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 Geo. Gibson

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1943 hour 9 minute 30 P.M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 2 w

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

7. Birth date of deceased Dec 29-1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7, 1941, to Dec 20, 1943, that I last saw h..... alive on Dec 17, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 21 If less than one day..... hr..... min.

Immediate cause of death General arteriosclerosis
Chronic myocarditis

9. Birthplace Oregon Cove W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

Due to.....

Due to.....

11. Industry or business.....

12. Name Geo Gibson

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

14. Maiden name Mary Young

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

Major findings: Senility
Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant J. R. Clayton

(b) Address West Plains, Mo

17. (a) (Burial, cremation, or removal) B (b) Date thereof 12-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lebanon

18. (a) Signature of funeral director.....
(b) Address West Plains, Mo

19. (a) 1-28-44 (b) [Signature]
(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?.....

While at work?..... (Specify type of place)
(b) Means of injury 0

23. Signature E. B. Bohrer (M. D. or other) MD
Address West Plains, Mo Date signed 1-20-44

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

46
1
1

46

1125

RECEIVED:

District Health Officer No. 5

District File Number 244112

Date Filed 72 7 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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3635

P. O. Address West Haven, Ct

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.