

S. No. 2
1-14-41
1-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7411
State File No. _____
Registrar's No. 82

Registration District No. 156 Primary Registration District No. 3001

49
2
5

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

1. PLACE OF DEATH: JASPER
(a) County
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(d) Length of stay: In hospital or institution 1 month
In this community _____ years, months or days

3. (a) PRINT FULL NAME POCA GIBSON
3. (b) If veteran. name war. _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 28 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 8 If less than one day
hr. min.

9. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

11. Industry or business _____
12. Name William Gibson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name ZORA Adams
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hallie Gibson
(b) Address Neosho Missouri

17. (a) Removal (b) Date thereof 2-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neosho Missouri

18. (a) Signature of funeral director [Signature]
(b) Address Neosho Missouri
19. (a) 2-8-44 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Neosho
(d) Street No. So. Hamilton St
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 6
year 1944 hour 12 minute 30p M.

21. I hereby certify that I attended the deceased from 3 1944 to Feb 6 1944
that I last saw her alive on Feb 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) 131R

Major findings: Of operations None
Of autopsy _____

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 _____ (Specify name of place) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed [Signature]

Duration 2 1/2 months
Physician [Signature]
Underline the cause to which death should be charged statistically.

44-2-144

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 J. B. [Signature]
Licensed Embalmer No. 2689
P. O. Address. Nescho 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.