

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. 1207 E 22nd St (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ELIZABETH GIBSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug
1944 to March 29 1944
that I last saw her alive on 3-29 1944
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Whk 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Gibson 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan 11 1870
(Month) (Day) (Year)

Immediate cause of death Hypertension

Due to _____

Due to _____

8. AGE: Years 74 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation W

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

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name A. Roberts

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

14. Maiden name Martina Park

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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? _____

16. (a) Informant Ray Gibson

(b) Address 1207 E 22nd St, North Kansas City, Mo

17. (a) Burial (b) Date thereof Mar 31 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn - Mo

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

(b) Address no Kansas City Mo

19. (a) March 30-1944 Rich H. Henry
(Date received local registrar) (Registrar's signature)

23. Signature J.W. Keel (M.D. or other) _____
Address 1207 E 22nd St, North Kansas City, Mo Date signed 3-30-44

1021

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-2-42

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.

Signed.....
Registered Apprentice No.....

Licensed Embalmer No. 4349

P. O. Address no 110 111

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.