

FILED MAY 8 1944

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **58**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
203 W South st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO**
(Specify whether years, months or days)
In this community **10 Yrs.**

3. (a) PRINT FULL NAME **Martha Sullins Gibson**

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 **Wm. C. Gibson** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **Feb 11 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **11** If less than one day hr. min.

9. Birthplace **Webster Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **James VanZandy**
13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Patricia Jackson**
15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **L.V. Gibson**

(b) Address **Warrensburg, Mo.**

17. (a) **Removal** (b) Date thereof **4-26-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forsyth, Missouri**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg, Mo.**

19. (a) **April 25 1944** (b) **Lesla M. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **203 W. South St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22**
year **1944** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 22 1944** to **April 22 1944**
that I last saw him alive on **April 22 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage (A.X)** Duration **12 hrs**

Due to **Spontaneous Cardiac-Vascular Lesion** **2 29 PM**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **938**
Of autopsy _____
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) (c) Means of injury **0**

23. Signature **Stephen M.D.** (M. D. or other)
Address **Warrensburg, Mo** Date signed **4/25/44**

1601

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

MAY 8 1944

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..... *Carl Priest*

Licensed Embalmer No..... **3878**

P. O. Address..... **Warrensburg, 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.