

FILED MAY 9 1944

State File No.

Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 6

1. PLACE OF DEATH:
(a) County MONTGOMERY
(b) City or town WELLSVILLE MO
(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 one year (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY GIBSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Hall Gibson
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 6 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 10
If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name Henry Gibson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Precyline Wright
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Gibson
(b) Address Wellsville Mo
17. (a) Interment (b) Date thereof Apr 17 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Interment

18. (a) Signature of funeral director W. H. H. H. H.
(b) Address Montgomery City Mo
19. (a) April 17 1944 (b) Wellsville Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wellsville Mo (b) County Montgomery
(c) City or town Wellsville Mo
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16
year 1944 hour 12 minutes 35 A.M.
21. I hereby certify that I attended the deceased from April 15
1944 to April 15 1944
that I last saw him alive on April 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations
Of autopsy

Duration
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 or injury (Specify)
(b) Date
(c) Where the accident or injury occurred (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
Signature William H. Walls (M. D. or other) Do
Address Wellsville Date 4/17/44

WRITE PLAINLY—USE UNFADING BLACK INK—MADE IN U.S.A.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44.....

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.....

Joseph A. Marleo

Licensed Embalmer No. 3658

P. O. Address 117 Palmyra City 7th

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.