S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18552

Registration District No. 189 Primary Registration District No. 5696 Registrar's No. 56

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Sampsell (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D. Sampsell Mo. (If not in hospital or institution, write street number or location)

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

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. Sampsell 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Horace Gibbs

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 Chloe Gibbs

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec (Month) 30 (Day) 1872 (Year)

8. AGE: Years 71 Months 6 Days 12 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Edwin Gibbs
13. Birthplace ~~Robe~~ Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Davidson
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Gibbs

(b) Address 4025 Chestnut K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Cem

18. (a) Signature of funeral director James D Gordon 1870

(b) Address Chillicothe Mo

19. (a) May 15 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 12th year 1944 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from May 12, 1944 to May 12, 1944 that I last saw him alive on May 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart decompensation	?
Due to: Chronic Myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. Brennan (M. D. or ~~other~~)

Address Chillicothe Mo Date signed 5/13/44

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(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1270

P. O. Address Chillicothe, 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.