. S. No. 2
OM—5-42
ev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25309

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Camp Crowder, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss (b) County Kemper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 6, DeKalb
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Olen 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 27 (Day) 1923 (Year)

8. AGE: Years 20 Months 8 Days 20 If less than one day - hr. - min.

9. Birthplace DeKalb (City, town, or county) Miss (State or foreign country)
10. Usual occupation Soldier
11. Industry or business U. S. Army
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Neal Gibson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Meridian, Mississippi
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 6-17-1944 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 17, 1944, to June 17, 1944; that I saw him dead on June 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Brain contusion and laceration, left frontal area. — Duration

Due to Fracture of skull, left frontal and parietal bones and Rt. temporal bone.

Due to Truck accident

Other conditions (Include pregnancy within 3 months of death) 170C-6

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) Accident
(b) Date of occurrence June 17, 1944
(c) Where did injury occur? Camp Crowder, (City or town) Newton, (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place
While at work? Yes (Specify type of place) (e) Means of injury truck accident
23. Signature Hiraku Sakida 1st Lt (M. D. or other) MC
Address Camp Crowder, Mo Date signed 6/17/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED July 20

District Health Officer No. .....

District File Number 744-152

Date Filed July 21

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 Emma L Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.