V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26825
3342

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. T.B. Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 yrs (Specify whether years, months or days)
In this community: 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3232 Garner
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: D

3. (a) PRINT FULL NAME: Harry S. Gibson
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Revanche
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: 6 (Month) 23 (Day) 1876 (Year)

8. AGE: Years 68 Months 1 Days 18 If less than one day hr. min.

9. Birthplace: Edinburg (City, town, or county) Penn (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Bonds
FATHER
12. Name: Aurora C. Gibson
13. Birthplace: Penn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ellen Isley
15. Birthplace: N.Y. (City, town, or county) (State or foreign country)
16. (a) Informant: Records K.C. T.B. Hosp.
(b) Address: Leeds Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: [illegible]
(b) Address: K.C. Mo.
19. (a) 8-14-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1944 hour 555 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 1939, 19 to Aug 11, 1944
that I last saw h. alive on Aug 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 9 yrs
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 13 K
Major findings:
Of operations:
Of autopsy: Same

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: 0
23. Signature: Matthew J. Brown (M. D. or other)
Address: Leeds Mo. Date signed: 8/11/44

(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 George M. Malloy

Licensed Embalmer No. 9798

P. O. Address K. C., Kansas.

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.