S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27513

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 86

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

1. PLACE OF DEATH:

(a) County Clay Rural Gallatin
(b) City or town North Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Home RR# 5 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community UNKNOWN
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town North Kan City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RR# 5 - RURAL
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM-MADISON-GIBSON
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ANNA-GIBSON
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Feb (Month) 17th (Day) 1860 (Year)

8. AGE: Years 84 Months 5 Days 18 If less than one day hr. min.

9. Birthplace WARSAW (City, town, or county) KY / (State or foreign country)
10. Usual occupation FARMER-
11. Industry or business BUSINESS
FATHER
12. Name ADDISON-GIBSON-
13. Birthplace LEXINGTON - KY / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name M- SMITH
15. Birthplace LEXINGTON - KY / (City, town, or county) (State or foreign country)
16. (a) Informant ROBERT GIBSON
(b) Address INDEPENDENCE - MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation BUCKNER - MO
18. (a) Signature of funeral director MORTON FUNERAL H
(b) Address NORTH - KAN - CITY MO
19. (a) Aug 11-1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug - day 9th
year 1944 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from 8-1-44, 19, to 8-9, 1944
that I last saw him alive on 8-9, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Arteriosclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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 R H Blumham MD (M.D. or other)
Address North KC, Mo Date signed 8/11/44

1021 (Licensed Embalmer's Statement on Reverse Side) Dr Dunham

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-23-44

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address North Kan City 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.