

FILED OCT 24 1944
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3957

4838

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs 40 min (Specify whether
In this community 3 hrs + 40 min
years, months or days)

3. (a) PRINT FULL NAME Norma Jean Gibbens
(b) If veteran, name war No
(c) Social Security No. None

4. Sex F 5. Color or race W 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 Jan 26 1932
(Month) (Day) (Year)

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

9. Birthplace Appleton City Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Child

MOTHER FATHER

11. Industry or business _____
12. Name Benjamin P. Gibbens
13. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fern Edwards
15. Birthplace Edwards Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ben P. Gibbens
(b) Address Appleton City Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-30-44
(Month) (Day) (Year)
(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City Mo
19. (a) 10-3-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 93
(c) City or town Appleton City (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - day 2 -
year 44 hour 5 minute 40 PM
21. I hereby certify that I attended the deceased from 2 PM 10-2-44
5:40 PM 10-2-1944 to _____, 19____
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem
Gangrenous bowel
intestinal obstruction
Due to Peritonitis
Due to Aspirin 1226
Other conditions (Include pregnancy within 3 months of death) Cholecystitis - fibrosis
Major findings: Of operations None
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, 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?
While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature J. H. Loken (M. D. or other) 10-2-44
Address _____ Date signed _____

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 Alvin R Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.