

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. 33871

Registration District No. 140

Primary Registration District No. 5546

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Franklin, Frank Co.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Franklin, Mo.
(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 _____

3. (a) PRINT FULL NAME NEWTON JASPER 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 widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 14 - 1876
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Gibson

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant John Gibson

(b) Address Franklin Mo.

17. (a) Burial (b) Date thereof 10/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarks Chapel

18. (a) Signature of funeral director C. S. Winder

(b) Address New Franklin Mo.

19. (a) 10-10-45 (b) Anna P. [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1945 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1945 to Oct 7 1945
that I last saw him alive on Oct 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration unknown

Due to _____

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. H. Chamberlain (M. D. or other)

Address New Franklin Mo. Date signed 10-9-45

1531

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-6-45

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 R. B. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.