

S. No. 2
A-8-43
5-17-39
PI X3723

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42693

State File No.

Registration District No. 356

Primary Registration District No. 6209

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural Cincyn
(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 LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TEXAS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 MI E. HOUSTON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KENNETH DALE GIBERSON
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 13
year 1945 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Examine
Dec 13, 1945, to _____, 19____;
that I last saw him alive on Dec. 13, 1945,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 24 1945
(Month) (Day) (Year)

Immediate cause of death unknown
suppose organic heart
unknown
Duration _____

8. AGE: Years Months Days If less than one day
3 19 hr. min.

Due to _____
Due to premature birth

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

10. Usual occupation Child

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name George B. Giberson
13. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ed Wilson
15. Birthplace Russellville Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
159

16. (a) Informant George B. Giberson
(b) Address Houston Mo

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? _____

17. (a) Removal (b) Date thereof 12/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Plaza Ill.

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

18. (a) Signature of funeral director Raymond V. Ellett
(b) Address Houston Mo

23. Signature [Signature] (M. D. or other) M.D.
Address Houston Mo Date signed 12-14-45

19. (a) 12-14-45 (b) Mrs. Myrtle Craig
(Date received local registrar) (Registrar's signature)

1584 (Licensed Embalmer's Statement on Reverse Side)

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

17
0
0

RECEIVED

District Health Officer No. 5,

District File Number 146104

Date Filed 1. 14. 46

JAN 16 1946

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.