

FILED FEB 28 1946

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town Wentzville  
(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 Sylvester Francis Gibson

3. (b) If veteran, name war No 3. (c) Social Security Number Unknown

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gladys Johnson 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased: November 1 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 2 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)  
Chauffeur

10. Usual occupation \_\_\_\_\_

11. Industry or business Lumber Company

MOTHER FATHER { 12. Name Edward Gibson  
13. Birthplace Warren County Missouri  
14. Maiden name Laura Smith  
15. Birthplace St. Charles County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (b) Date thereof Jan 29 '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville Mo

18. (a) Signature of funeral director Geo W Orr

(b) Address Mo. State San, Mount Vernon, Mo.

19. (a) 1-30-46 (b) D. R. Philbrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27  
year 1946 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from November 27 1945 to January 27 1946; that I last saw him alive on January 27 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis Duration over 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Laryngitis and Enteritis unknown  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 136  
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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature C. A. Brusher (M. D. or other) \_\_\_\_\_  
Address Mo. State San, Mount Vernon Date signed 1-27-46

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

RECEIVED

District Health Officer No. 6,

District File Number 146-142

Date Filed FEB 26 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.....

*George B. Orr*

Licensed Embalmer No. 946

P. O. Address 24th Vernon, 7th

**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.**