

U. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12394

FILED APR. 22 1946

State File No. \_\_\_\_\_  
Registrar's No. 131

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hosp No 1 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 yr 4 mo 8 days  
In this community 1142. 4 mo 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County St. Louis 14  
(c) City or town Kennelock (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Greene Gibson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 2 5. Color or race colord 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 26 year 1946 hour 10 minute 35 A. M.  
21. I hereby certify that I attended the deceased from March 23 1946 to March 26 1946; that I last saw him alive on March 26 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 0 26 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
Due to Hy pertension & arterio sclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: g 2 w  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
10. Usual occupation Laborer  
11. Industry or business \_\_\_\_\_  
12. Name Mellie Gibson  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

MOTHER: FATHER:

16. (a) Informant County Clerk  
(b) Address St. Louis Courthouse  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/28/46  
(c) Place: burial or cremation Kirkcubbin, Mo  
18. (a) Signature of funeral director Malcolm Funeral Home  
(b) Address Fulton, Mo  
19. (a) 3-27-1946 (Date received local registrar) (b) Jesse Marsiuschke (Registrar's signature)

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 \_\_\_\_\_  
Signature James Thomas (M. D. or other) \_\_\_\_\_  
Address Fulton, MO Date signed 3/27/46

14  
1  
2

11303

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

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-19-46

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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 Wenil C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton 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.**