

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. **14011**

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **50**

### 1. PLACE OF DEATH:

(a) County Pemiscot  
 (b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1516 Ward, Ave. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 34 Years  
years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
 (c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1516 Ward, Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amos Gipson

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathryn Gipson 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased November 23, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Huntsville, Alabama /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Amos Gipson

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

14. Maiden name Unknown

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

16. (a) Informant P. M. Tidwell

(b) Address Caruthersville, Mo. R.R. 1

17. (c) Burial (b) Date thereof 4/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. B. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 5-6-46 (b) Jessie B. Weeks  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th,  
 year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
July, 1940, to Apr, 1946  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem  
 Duration \_\_\_\_\_

Due to Arteriosclerosis  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy g3w

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) (c) Means of injury \_\_\_\_\_

23. Signature J. B. Luten (M. D. or other) \_\_\_\_\_  
 Address Caruthersville Date signed May 4-29-46

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

MOTHER FATHER

4-46-98

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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.....

*Lee Ford*....., Registered Apprentice No. *386*  
working under my personal supervision.

Signed *James A. Osburn*.....

Licensed Embalmer No. *4185*.....

P. O. Address *Bartholomewville, 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.**