

**FILED** AUG 28 1946

Registration District No. **128** Primary Registration District No. **2000**

**1. PLACE OF DEATH:**  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Hosp.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Day**  
 (Specify whether years, months or days) **68 Years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Greene**  
 (c) City or town **Springfield**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1203 E. McDaniel**  
 (If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **Edward Gibson**  
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **UNK.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Susie Gibson** 6. (c) Age of husband or wife if alive **Dec.** years  
 7. Birth date of deceased **Oct. 25, 1879**  
 (Month) (Day) (Year)

**8. AGE:** Years **66** Months **9** Days **17** If less than one day hr. min.

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

**10. Usual occupation** **Trucker**

**11. Industry or business**

**12. Name** **Newton Gibson**

**13. Birthplace** **Springfield Missouri**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Margariete Watkins**

**15. Birthplace** **Ava Missouri**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Richard Gibson**

(b) Address **Miami, Oklahoma**

**17. (a) Burial** (b) Date thereof **8-10-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

**18. (a) Signature of funeral director** **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

**19. (a)** **8-10-46** (b) **H. H. Lohmeyer**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **AUG.** day **8**  
 year **1946** hour **7** minute **15p.** M.  
**21. I hereby certify that I attended the deceased from** **10 P.M. Aug 7**  
**19 46 to 7:15 P.M. Aug 8, 19 46**  
 that I last saw him alive on **Aug 8, 19 46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Complete Heart block** Duration **1 1/2 day**

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **none made**

**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)  
 (2) Means of injury **0**  
**23. Signature** **M. L. Gentry** (M. D. or other)  
 Address **932 Med. Bldg.** Date signed **8-10-46**  
**Spfld, Mo.**

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

9  
2  
6

20073

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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 Walter E Hamella

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.**

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