. S. No. 2
M—12-45
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1946

State File No. 34230

Registration District No. 229 Primary Registration District No. 5809 Registrar's No. 61

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

33057

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles south Mineola Mo
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Edward Thomas Gibbs

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April 20 th 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	24	..... hr. ..... min.

9. Birthplace Callaway Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Robert C. Gibbs /
13. Birthplace New Mexico (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Mary E. Kenyon
15. Birthplace Pa. (City, town, or county) / (State or foreign country)

16. (a) Informant James Gibbs
(b) Address Mineola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) 10-16-1946 (Date received local registrar) (b) James O. Helm M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1946 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from ~~Oct~~ Jan 3, 1944 to Oct 14, 1946 that I last saw him alive on Oct-13-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	3 days
Due to Chronic myocarditis	?
Due to pernicious anemia	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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? ..... (e) Means of injury 0

23. Signature James O. Helm (M. D. or ~~other~~)
Address New Florence Mo. Date signed 10-16-46

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ on the I4 th day of Oct I946, Registered Apprentice No._____, working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.