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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37416**

FILED DEC 19 1946  
26

Registration District No. \_\_\_\_\_

Primary Registration District No. 2201

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
1519 Virginia 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 \_\_\_\_\_  
years, months or days 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Joplin  
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 1519 Va. Ave; **5**  
(If rural, give location)

(e) Citizen of foreign country? No **0**  
(Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME William F. (Billy) Gibson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male **C** 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 12, 1874.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	3	19	hr. min.
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9. Birthplace Morristown Tenn;  
(City, town, or country) (State or foreign country)

10. Usual occupation Detective, Joplin Police Dept;

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

12. Name Gibson

13. Birthplace no record  
(City, town, or country) (State or foreign country)

14. Maiden name No record

15. Birthplace No record  
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs. Anne Gibson

(b) Address: 1519 Va. Ave; Joplin Mo.

17. (a) Burial (b) Date thereof NOV 4 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK MEMORIAL  
Hurlbut Und. Co;

18. (a) Signature of funeral director Joplin Mo.

(b) Address \_\_\_\_\_

19. (a) 11-6-46 (b) Ed Danner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 31, day 1946  
year \_\_\_\_\_ hour 11-15 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Chronic Valvular Heart **1 yr**

Due to Myocardial Heart Disease **1 yr**

Other condition Unable to work 2 months

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 92A

Duration \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

23. Signature Ed Danner (M.D. or other) \_\_\_\_\_

Address 708 1/2 Plaza Bldg Date signed Nov 12-46

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

36235

46-17-969

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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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.**