

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

FILED JAN 7 1947
Registration District No. 247

Primary Registration District No. 4366

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Chester Hospital, 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether)

In this community 24 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby
(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 MARY JUNITH GIBSON

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex FM 5. Color or race W

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

6. (b) Name of husband or wife Ellen Eugene Gibson 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb. 9 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>10</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Granby Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER

12. Name Ernest Vance

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

14. Maiden name Laura Cook

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

16. (a) Informant Ellen Eugene Gibson

(b) Address Granby Mo.

17. (a) Burial Granby New Cem. (b) Date thereof 12-21-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Granby New Cem.

18. (a) Signature of funeral director Chas. J. Williams

(b) Address Goodman Mo.

19. (a) 12-21-46 (b) M. A. Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1946 hour 9:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on Dec. 17, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death E. C. lamprosia Duration 5 1/2 hours

Due to Albenduruxia

Due to _____

Other conditions Pregnancy 9 1/2 months
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 144A

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) 1381303E

(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 _____

23. Signature M. A. Chester (M. D. or other) _____
Address Granby Mo Date signed 12/17/46

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.

RECEIVED

District Health Officer No. Newton

District File Number 1246-193

Date Filed 12-21-46

Signed John B. Padineau

Licensed Embalmer No. 4446

P. O. Address. Goodman, Md

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.