

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

1. PLACE OF DEATH:
(a) County — Randolph —
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hammett Street
(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

3. (a) PRINT FULL NAME Hiram Luther Gibson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Gibson 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased February 20 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 11 hr. _____ min.

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

10. Usual occupation general laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram Gibson
13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ella May Shanks
15. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Gibson
(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 1/3/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo
19. (a) 1-4-1947 (b) W. H. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Hammett Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1947 hour 7:10 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from July 15 1946 to Dec 31 1946
that I last saw him alive on Dec 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 yr.

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none 930
Of autopsy none
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) (e) Means of injury 0

23. Signature W. D. Drayton (M. D. or other) MD
Address Huntsville Mo Date signed 1/3/46

RECEIVED
District Health Officer No. 10
District File No. 1-47-78
Date Filed JAN 2 1947

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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, Ala.

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.