

U.S. No. 2
OM-5-43
REV. 5-17-39
I X36671

Registered District No. FILED MAR 31 1947 Primary Registration District No. 5460 Registrar's No. _____

1. PLACE OF DEATH: **GREENE**
(a) County _____
(b) City or town Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 2 Rogersville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME Mrs. Rachel Gibson
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife H.L. Gibson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name J.K. Bradley
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Barr
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. K. Kammann

(b) Address Route # 2 Rogersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/47
(Month) (Day) (Year)

(c) Place: burial or cremation Galloway

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

(b) Address Springfield, Mo.

19. (a) March 6-47 (Date received local registrar) (b) Mrs. Thelma Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Clay Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2 Rogersville, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1947 hour 3 minute 50p.M.

21. I hereby certify that I attended the deceased from Jan 47
_____, 19____, to Mar. 4, 1947.
that I last saw h. u. alive on 2 Mar., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Terminal Pneumonia

Due to Diabetic Mellitus

Due to Paralysis of left arm

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

Major findings:
Of operations _____

Of autopsy 61

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)
(c) Means of injury D

23. Signature Ronald F. Perkins (M. D. or other) M.D.

Address Med. Arts Bldg. Springfield Date signed 3-5-47

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

39
3

39
3

RECEIVED

Greene County Health Office,

County File Number 47-3-36

Date Filed 3/28/47

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. Dunster

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.