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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. 16126  
Registrar's No. 36

FILED MAY 7 1947

Registration District No. 227

Primary Registration District No. 4495

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. No  
(Specify whether)

In this community Entire Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Bethel 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sebe Thomas Gibson

3. (b) If veteran, name war None

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased 3 14 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>15</u>	hr. min.

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

10. Usual occupation Farming

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

12. Name Thomas Gibson

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

14. Maiden name not known

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

16. (a) Informant Minnie Gibson

(b) Address Bethel, Missouri

17. (a) Burial (b) Date thereof 3-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron

18. (a) Signature of funeral director Million & Berkeley

(b) Address Shelby, Missouri

19. (a) May 17 (b) Rich Garner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1947 hour 10: minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 1  
1946 to March 29 1947  
that I last saw him alive on March 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of  
Stomach

Duration  
2 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 46 B

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Rich Garner (M. D. or other) DO

Address Bethel, Mo Date signed April 2  
1947

RECEIVED  
District Health Officer No. 10  
District File Number 5247-292  
Date Recd. MAY 5 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.....

*James D. Davis*....., Registered Apprentice No. *443*  
working under my personal supervision.

Signed..... *W. Hawkins*.....

Licensed Embalmer No. *3498*.....

P. O. Address..... *Shelburne Vts*.....

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.