

S. No. 2
1-12-45
7-5-17-39
X47070

FILED JUL 8 1947

State File No. _____

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Newsham, Mo.
(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 MARTHA J. GIBSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22 year 1947 hour 5:30 minute _____ P. M.

4. Sex FEMALE 5. Color or race WHITE

6. (e) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BENJAMIN F. GIBSON

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased MARCH 19 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from: June 22 1947 to June 22 1947

that I last saw her or alive on June 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

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

77 3 3 _____ hr. _____ min.

Due to athero-sclerosis of aorta and chronic hypertensive nephritis.

Due to _____

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

10. Usual occupation HOUSEWIFE

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

MOTHER FATHER

11. Industry or business _____

12. Name JACOB M. LAMPKINS

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

14. Maiden name DAVISMAN

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

Major findings: None

Of operations: _____

Of autopsy None 131A

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Gibson

(b) Address Newsham Mo.

17. (a) Burial (b) Date thereof June 24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial cemetery

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? _____

18. (a) Signature of funeral director Carley Thompson

(b) Address Newsham, Mo.

19. (a) July 3, 1947 (b) Melvin G. Borman
(Date received local registrar) (Registrar's signature) 773

While at work? _____ (Specify type of work)

(c) Means of injury _____

23. Signature Melvin G. Borman (M. D. or other) MD

Address Newsham, Mo. Date signed July 3-47

RECEIVED

District Health Officer No. Neeters

District File Number 747-131

Date Filed 7-8-47

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.