No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27124

FILED SEP 11 1947

Registration District No. ..... Primary Registration District No. 3613 Registrar's No. 96

1. PLACE OF DEATH:
(a) County Clay
(b) City or town 1207 East 22nd St, NKC, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Address above.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1207 E. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME WILLIAM T. GIBSON
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha E. Gibson
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased February (Month) 11 (Day) 1864 (Year)

8. AGE: Years 83 Months 5 Days 29 If less than one day X hr. X min.

9. Birthplace St. Joseph M (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business same as above

FATHER
12. Name Wyatt william Gibson
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Julia E. Pfaff
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mr. Ray A. Gibson
(b) Address 1207 E. 22 st N.K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Mo. Evergreen Cem
18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Rd. N.K.C. MO.
19. (a) Aug 11th 1947 (Date received by local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7 AUGUST, 1947, to 9 AUGUST, 1947; that I last saw him alive on 7 AUGUST, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEART FAILURE.	
Due to SEVERE MALNUTRITION	
Due to CARCINOMA OF LIP AND JAW WHICH SPREAD	
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Reinhardt D. Dreyer (M. D. or other) M.D.
Address North Kansas City, Mo. Date signed 12 Aug 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-20-47

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City 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.