No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31210

FILED OCT 4 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4051

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2007 E 43 STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 12 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2007 E 43RD STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MAGDALENE ALICE GIBSON
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or ~~wife~~ MR. FRANK D. GIBSON
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased JANUARY (Month) 15 (Day) 1879 (Year)

8. AGE: Years 64 | Months 8 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace WASHINGTON (City, town, or county) INDIANA (State or foreign country) 1
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
FATHER
12. Name WILLIAM FOSTER 1
13. Birthplace WASHINGTON (City, town, or county) INDIANA (State or foreign country) 1
MOTHER
14. Maiden name ELIZA BRAYFIELD
15. Birthplace WASHINGTON (City, town, or county) INDIANA (State or foreign country) 1
16. (a) Informant MISS KATHERINE G. FOSTER
(b) Address 2007 E 43 STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 25. 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1947 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept 21, 1947 to Sept 22, 1947 that I last saw him alive on Sept 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	2 days
Due to Chronic Myocarditis	8 years
Due to	
Other conditions: Emphysemia (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations 93d
Of autopsy

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 0

23. Signature Harold B Clark (M. D. ~~or other~~)
Address 730 Rialto Bldg Date signed 9-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John O. Fraking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.