

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37463

State File No. _____
Registrar's No. 191

Registration District No. 21

Primary Registration District No. 5288

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles North of Excelsior Spgs.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town 52nd St. Ter. R.R. #10, North K.C.
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Weesley Gibbens
3. (b) If veteran, name war World War II
3. (c) Social Security No. 495-05-3768

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 10:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____
to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winona Marie
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased August 16, 1914
(Month) (Day) (Year)

Immediate cause of death Collision between
two trucks on Highway
6.9 1/2 mi. N. of Ex. Spgs. Mo.
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
33 3 17 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Chillicothe, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Construction Supt.

Duration _____
Underline the cause to which death should be charged statistically. 024

MOTHER FATHER
11. Industry or business _____
12. Name F. O. Gibbens
13. Birthplace Chillicothe, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Leue Clancy
15. Birthplace Unionville, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert W. Gibbens
(b) Address North Kansas City
17. (a) Burial (b) Date thereof 12-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri
19. (a) 12/6/47 (b) Barbara's Butchering
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Collision between 2 trucks
(b) Date of occurrence Dec. 3, 1947
(c) Where did injury occur? Highway 6.9 1/2 mi. N. of Ex. Spgs. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway, Public place
(Specify type of place)
While at work? _____ (e) Means of injury 3

23. Signature C. W. Prather (M. D. or other) _____
Address Excelsior Springs Mo Date signed 12-6-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-11-47

JAN 21 1948

JAN 8 1948

JUN 23 1948

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address. Excelsior Springs, 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.