

FILED MAR 26 1948
Registration District No. 279

Primary Registration District No. 5956

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Assuade Mo - Calumet Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Assuade Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Ma. west of Assuade Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNY V. GIBSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter Gibson 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Feb 9 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 1 If less than one day hr. 6 min.

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

10. Usual occupation At Home retired

11. Industry or business _____

MOTHER FATHER { 12. Name David G. Henton
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name Deborah Estes
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russel Barnes
(b) Address Assuade Mo
17. (a) Burial (b) Date thereof 3-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director J. Brown
(b) Address Clarksville Mo
19. (a) 2-23-48 (b) Dula Richard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 9:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1945 to Jan 10, 1948
that I last saw her alive on Jan 9, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia 3 yrs Duration

Due to The after effects of T.B.

Due to _____

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

Major findings:
Of operations _____

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:

(c) 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 C. B. Boushhead (M. D. or other) _____
Address Clarksville Mo Date signed 3/11/48

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

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..... *J. Brown*.....

Licensed Embalmer No. *2643*.....

P. O. Address *Clarksville 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.