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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. 12115

FILED MAY 10 1948

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home in West part of Albany
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Three years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Albany 1
(If outside city or town limits, write "RURAL")
(d) Street No. West part of Albany 0
(If rural, give location)
(e) Citizen of foreign country? Scotland (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME James Gibson
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Agnes Clelland Gibson Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 30 (Day) 1859 (Year)

8. AGE: Years 89 Months 3 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Glenbrick (City, town, or county) Scotland 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name James Gibson
13. Birthplace ..... (City, town, or county) Scotland 4 (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace ..... (City, town, or county) Not Known 9 (State or foreign country)
16. (a) Informant Dan Gibson
(b) Address New Hampton - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Alendale Cemetry
18. (a) Signature of funeral director W. G. Noble
(b) Address New Hampton - Mo
19. (a) May 1-1948 (Date received local registrar) (b) Homer N. Webster (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr ~~24~~ day 24 year 1948 hour 3 minute 5 a.M.
21. I hereby certify that I attended the deceased from Feb. 1, 1948, to April 20, 1948, that I last saw him alive on April 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cebrial Hemmorage	
Due to High Blood pressure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 9
23. Signature D. S. O. Harding (~~M. D.~~ or other) D.O.
Address Albany Mo. Date signed April 25, 1948

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me, Registered Apprentice No., working under my personal supervision.

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.