No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26315
3145

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 3 days (Specify whether years, months or days)
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4640 Georgia 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles L. Gibson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Gibson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12-6-1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	25	hr. min.

9. Birthplace Winchester (City, town, or county) Kansas 1 (State or foreign country)
10. Usual occupation Retired, Car inspecter
11. Industry or business K.C. Terminal R.R.
FATHER
12. Name W.R. Gibson
13. Birthplace Gower (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Mary E. Rice
15. Birthplace McLouth (City, town, or county) Kansas 1 (State or foreign country)
16. (a) Informant E.W. Gibson
(b) Address 5811 Blue Hills Road, K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Winchester, Kansas
18. (a) Signature of funeral director Gibson & Son
(b) Address Kansas City, Kansas
19. (a) 8-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1 year 1948 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from 30 July, 1948 to 8-1, 1948 that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Shock	
Strangulated Hernia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 122 a	
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:
(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 Jacob P. Farney M.D. (M.D. or other)
Address 6305 Brookside Blvd. Date signed 8-2-48

(Licensed Embalmer's Statement on Reverse Side)

Dr J. P. Tierney
1103 Grand.

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 George M. Malloy

Licensed Embalmer No. 2798

P. O. Address Kansas City, Kans

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.