S. No. 2
M—1/47
. 5-17-39

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. 28883

FILED OCT 1 1948
Registration District No. 38

Primary Registration District No. 5121

Registrar's No. 240

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Harrisburg (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perche Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --
In this community: All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Harrisburg (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: ---
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: Caldona Gibson Wilhite
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: Everett Wilhite
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: July (Month) 5 (Day) 1871 (Year)
8. AGE: Years 77 Months 2 Days 12 If less than one day ... hr. ... min.
9. Birthplace: Boone Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: John A. Gibson
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Lona Gentry
15. Birthplace: Boone Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Bob White
(b) Address: Harrisburg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Harrisburg Cemetery
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette, Mo.
19. (a) 9-21-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 17th year 1948 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from 9-1-48 19 to 9-17-48 19; that I last saw her alive on 9-17 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Arteriosclerosis	10 yrs

Major findings:
Of operations:
Of autopsy: No

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:
23. Signature: [illegible] (M. D. or other)
Address: Fayette, Mo. Date signed: 9-22-48

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

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed SEP 30 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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.