

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30186

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town St. Germain
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Festus (If outside city or town limits, write "RURAL")
(d) Street No. 673 S. Adams (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Leonard Gibson
3. (b) If veteran, name war. (c) Social Security No. 489-03-4331

4. Sex male (b) Color or race white
6. (a) Single, widowed, married, divorced, married
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb 4 1894 (Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Ste. Genevieve Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation watchman
11. Industry or business P. P. G. Co.

MOTHER FATHER

12. Name James J. Gibson
13. Birthplace Unknown Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Cottner
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jesse Gibson
(b) Address Festus, Mo.

17. (a) Burial (b) Date thereof 8-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus M. E. Cem., "Dinks"

18. (a) Signature of funeral director
(b) Address Festus, Mo.

19. (a) August 6, 1948 (b) (Lessa) Callmuff (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29th year 1948 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from Feb 12 1948 to Aug 27 1948
that I last saw him alive on May 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Duration years

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940
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 J. Blum (M. D. or other)
Address Festus, Mo. Date signed 7/30/48

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

RECEIVED
District Health Officer No. 9,
Date Filed SEP 15 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 Elean Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.