—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. 30307

FILED OCT 13 1948

Registration District No. 8

Primary Registration District No. 429 B

Registrar's No. 28

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town SILEX
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N 1ST ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County LINCOLN 57
(c) City or town SILEX 0
(If outside city or town limits, write "RURAL")
(d) Street No. NO ST ADREGS 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME WILLIAM McGRAVIN GIBBS

3. (b) If veteran, name war NO

3. (c) Social Security No. 494-24-7338

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JAN (Month) 16 (Day) 1890 (Year)

8. AGE: Years 58 | Months 7 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace PIKE COUNTY (City, town, or county) MO (State or foreign country) U

10. Usual occupation PAINTER

11. Industry or business PAINTING

FATHER
12. Name MATHANIEL GIBBS
13. Birthplace (City, town, or county) VA. (State or foreign country) 1

MOTHER
14. Maiden name MARGARET McGRAVIN
15. Birthplace (City, town, or county) ARK. (State or foreign country) 1

16. (a) Informant Mrs R N Penn
(b) Address Silex Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation ELSBERRY, MO.

18. (a) Signature of funeral director J C Mudd
(b) Address Bowling Green, Mo.

19. (a) 9/12/48 (Date received local registrar) (b) Mrs. J. A. Dwyer (Registrar's signature) 11/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1948 hour dprox 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from —, 19__, to —, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary

Due to Thrombosis

Due to (Coroner's Jury Verdict)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) 1
(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) 2
While at work? (e) Means of injury

23. Signature Dr. V. E. Altholz (M. D. or other) [illegible]
Address Lincoln Colony Mo. Date signed 9/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number OCT 11 1948
Date Filed

494-24-7338

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 James C. Modd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.