

No. 2  
-5-43  
5-17-39  
I X36671

State File No. ....

Registrar's No. 96

FILED SEP 17 1948

Registration District No. 266

Primary Registration District No. 5743

1. PLACE OF DEATH:

(a) County Madison

(b) City or town rural  
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution:  
near Buckhorn, Mo!  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community born here  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Madison

(c) City or town rural  
(If outside city or town limits, write "RURAL")

(d) Street No. rural Buckhorn Mo  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Ray Gibson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1948 hour 12 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 31  
1948, to Aug 31 1948  
that I last saw him alive on Aug 31 1948  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 31 1948  
(Month) (Day) (Year)

Immediate cause of death:  
Failure of the organ in the heart which  
caused "Blue baby"

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day 6 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations None

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Raymond B Gibson

13. Birthplace Madison Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lola L. Irwin

15. Birthplace Ballinger Mo.  
(City, town, or county) (State or foreign country)

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature O. J. Meyer (M. D. or other) \_\_\_\_\_  
Address Caldwate, Mo Date signed 9/1/48

16. (a) Informant Lewis Gibson

(b) Address Buckhorn, Mo.

17. (a) Burial (b) Date thereof Sept 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckhorn Cem.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Buckhorn, Mo.

19. (a) 9-14-48 (b) Morlene  
(Date received local registrar) (Registrar's signature)

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

12  
1  
1

RECEIVED

Health Officer No. 4  
Ins. File Number 948-1181  
Date Filed 9-16-48

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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..... *M. E. Embalmer*.....

Licensed Embalmer No.....

P. O. Address.....

**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.**