

FILED OCT 14 1942

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 33

1. PLACE OF DEATH:

(a) County St. Francois, Mo.

(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
310 Glendale
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 310 Glendale
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Patrick Henry Gibson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret S. Lee Williams (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 10 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
<u>73</u>		<u>3</u>	hr. _____ min. _____

9. Birthplace Tennessee State _____
(City, town, or county) (State or foreign country)

10. Usual occupation Highway Worker

11. Industry or business _____

MOTHER FATHER

12. Name George Patrick Gibson

13. Birthplace Kansas State _____
(City, town, or county) (State or foreign country)

14. Maiden name Conan Miller

15. Birthplace Kentucky State _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Margaret Lee Gibson

(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof 9/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Three Rivers Cem.

18. (a) Signature of funeral director Everett Sparks

(b) Address Elvins, Mo.

19. (a) Sept. 28, 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Sept 10, 1942 to Sept 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 day

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage 5 day
(Include pregnancy within 3 months of death)

Hypertension - and old age PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. W. Zuppan (M.D. or other) D.O.

Address Flat River, Mo. Date signed 9/15/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39. I 119511

RECEIVED

District Health Officer No. 4

District File Number 1042-1241

Date Filed 10-13-42

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

Everett J. Sparks

Licensed Embalmer No. 4287

P. O. Address Elvins 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, above space should be left blank.