

FILED JUL 10 1948
Registration District No. 297

Primary Registration District No. 3052

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 East Main St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 54 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray 89
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. South Thornton St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Irvin Gibbs
3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-07 -0603

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Ewer Chevrolet Co.

12. Name William Gibbs

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

14. Maiden name Mattie Roberts

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

16. (a) Informant Mrs. Ogeil V. Gipson

(b) Address Kansas City, Mo.

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

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) July 2 - 1948 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1948 hour 2 minute 30. P.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 Atherosclerosis Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

While at work? yes (Specify type of place) _____ (2) Means of injury Coroner
23. Signature John F. Baber (Date received local registrar) _____
Address Richmond Mo Date signed 6/30/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-48

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 _____

Licensed Embalmer No. 4096

P. O. Address Richmond, Va.

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.