

S. No. 2  
M-5-43  
5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24799

FILED JUL 22 1947

Registration District No. 206

Primary Registration District No. 5745

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural Township # 32  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2 mi. east of Zion, Mo. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 90 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

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

(d) Street No. 3 mi. east of Zion, Mo.  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Thomas A. Gipson

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1947 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on 7.8.47, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex Male (C) 5. Color or race W.

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

6. (b) Name of husband or wife Mary Gipson (deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased march 6, 1855  
(Month) (Day) (Year)

Immediate cause of death Dysentery. Duration 10 days

Due to Came unexplained  
Probably due to food  
in digestion

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

92 4 2 hr. \_\_\_\_\_ min.

Other conditions no

(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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

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

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name Bill Gipson

13. Birthplace New York City, N.Y. 1  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Tommy Gipson

(b) Address Zion, Mo.

17. (a) Burial (b) Date thereof 7/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shetley's Creek Cemetery

18. (a) Signature of funeral director Webb Adams

(b) Address Fredricktown, Mo.

19. (a) 7-8-1947 (b) Florne Nichols  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work no (Specify type of place) (e) Means of injury 0

23. Signature Fredricktown (M. D. or other) no

Address Fredricktown Date signed 7/8/47

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

RECEIVED

Health Officer No: 4  
District File Number 247-918  
Date filed 7-19-47

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.

*not*

*- Not embalmed -*

Signed *Voljean Adams*  
Licensed Embalmer No. 2351  
P. O. Address Fredericktown, 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.