

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28686  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
 (b) Township Jefferson City Primary Registration District No. 3014 Registered No. 250  
 (c) City Jefferson City (d) Street No. Saint Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Beatrice Gibson

(a) Residence, No. Albany, Mo. St.  Albany, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1874

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, ..... hrs. or ..... min.  
63 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Castle, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Issac Carson

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucie Duncan

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT John Guy Gibson (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany, Mo. DATE Aug. 22, 38

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs (ADDRESS) Jefferson City, Mo.

20. FILED 8/22/1938 Public Health Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to death, 19...  
 I last saw him alive on 8/20/38, 19... Death is said to have occurred on the date stated above, at 2:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix uteri metastasis

Date of onset

Other contributory causes of importance: HSA

Name of operation Pen. Hysterectomy Date of                       
 What test confirmed diagnosis? Electrolytic Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?                      Date of injury                     , 19...  
 Where did injury occur?                      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
 Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                       
 If so, specify                      (Signed) J. H. Rauho, M. D.

(Address) 234 Madison St. Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. If you know the cause of death, state it.

**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,

John F. Heinrichs

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*John F. Heinrichs*

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.**