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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18894

FEB JUN 6 1940

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 203 East Lockling (If not in hospital or institution, write street number or location)

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

In this community 25 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 203 E. Lockling (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Elizabeth Gibson 125

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence M. Gibson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 22, 1886 (Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Near Meadville, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Thomas Dannatt
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lee Ann Sargent
15. Birthplace Linn County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address 203 E. Lockling, Brookfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Mo.

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address Brookfield, Mo.

19. (a) 5-17-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1940 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from April 30th, 1938, to May 14, 1940 that I last saw her alive on May 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to

Due to

Other conditions Uraemia Pairing (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Dr H H Potter (M. D. or other) D.O.

Address Brookfield Mo Date signed 5-15-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-820
Date Filed JUN 4 1940

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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.