

JUL 12 1940

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Cape Girardeau County

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

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

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 23 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir. Co

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

(d) Street No. 1421 Whitener St
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY GIBSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day June
year 1940 hour 2 minute 2 P. M.

21. I hereby certify that I attended the deceased from June 28
_____, 1940, to June 29, 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. C. Gibson 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased March 27-1887
(Month) (Day) (Year)

Immediate cause of death Debilea Coma Duration 24 hrs

8. AGE: Years 63 Months 3 Days 1 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions Strangulated Int. Hern
(Include pregnancy within 3 months of death)

10. Usual occupation Copman Mo.

11. Industry or business House wife

12. Name John Gegg

13. Birthplace Went K
(City, town, or county) (State or foreign country)

14. Maiden name Went Know

15. Birthplace Went Know
(City, town, or county) (State or foreign country)

Major findings: Of operations Strangulated Hernia

Of autopsy no

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

16. (a) Informant's own signature Flora Murphy

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof June 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Cassville

18. (a) Signature of funeral director Seabright Mrs. Home

(b) Address Cape Girardeau Mo.

19. (a) 6-28-40 (b) Jim Thompson
(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) _____

(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? 121

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

23. Signature John W. Berry (M. D. or other) _____

Address Cape Girardeau Date signed _____

WHITE 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.

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~~.....

W. H. Ester

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. H. Ester

Licensed Embalmer No.....

3568

P. O. Address.....

Cape Girardeau, 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.