

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 rear S. Middle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 years
In this community 44 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Alzie G. Giboney
(b) If veteran, name war World War
3. (c) Social Security No. L 487-16-4941

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year) 1896

8. AGE: Years 44 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Arthur Giboney

13. Birthplace Cape County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Cape County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Giboney

(b) Address Route 2, Box 82, Cape Girardeau

17. (a) Burial (b) Date thereof June 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 6-21-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape County
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 314 rear S. Middle
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
year 1940 hour 1 minute 5 P. M.

21. I hereby certify that I attended the deceased from 6-17-1940 to 19 1940;
that I last saw him alive on 6-17-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Decompensation

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature W. A. Hingal (M. D. or other) _____

Address 17 N. Sprigg St. Cape Girardeau, Mo. signed 6-28-40

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

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 Frank Sparks

Licensed Embalmer No. 3453-

P. O. Address Cape Girardeau

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.