DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22538

Registration District No. 684 Primary Registration District No. 4408 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Pike

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Ada Louella Maiden 350

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Neg

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 17 (Day) 1878 (Year)

8. AGE: Years 61 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Walter Gibb
13. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Summers
15. Birthplace Pike Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs Bertha Bell

(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director Grace Banfield

(b) Address Bowling Green Mo

19. (a) 6-5-1940 (Date received local registrar) M Summers Carp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3 year 1940 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 14, 1940, to 6/3, 1940, that I last saw her alive on 6/3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Arterio Sclerosis and (Nephritis Chronic Ins) Endocarditis

Due to

Other conditions No (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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 J M Mathews (M. D. or other) MD

Address Bowling Green Date signed 6/5/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

RECEIVED
District Health Officer No. 10
District File Number 7-40-1335
Date Filed JUL 8 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 Grace Bainbridge

Licensed Embalmer No. 2204

P. O. Address.....

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.