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K23153

State File No.

FILED FEB 18 1941

Registration District No. 844

Primary Registration District No. 6107

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural Ponce De Leon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mr. Nettie Gibbs

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife George Gibbs

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. 15, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 14 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name John Graham

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

14. Maiden name Easter Payne

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

16. (a) Informant Jess Graham

(b) Address of wife no.

17. (a) Burial (b) Date thereof Jan. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville, cem.

18. (a) Signature of funeral director J.W. Maples

(b) Address Cleaver, Mo.

19. (a) 2-1-41 (b) Olaf Rogers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone

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

(d) Street No. Highlandville, Star. Route
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29

year 1941 hour 6:30 minute..... A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to Jan 29, 1941;

that I last saw her alive on Jan 29, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis left side Body

Due to Cancer of left Breast of some years duration

Due to 50

Other conditions none
(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?
7/11
While at work?..... (e) Means of injury.....

23. Signature J. H. Wade (M. D. or other) D

Address Wark Mo Date signed 1-30-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 61

District File Number

141-259

Date Filed

FEB 11 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.