No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24574

Registration District No. ..... Primary Registration District No. 1001 Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: 620 HARDIN STR. (If not in hospital or institution, write street number or location)

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

In this community ABT-9-YRS. 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN 011 1 7

(c) City or town ST-JOSEPH. (If outside city or town limits, write "RURAL")

(d) Street No. 620 HARDIN STR. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MAGAN-COLLINS.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fem 1

5. Color or race Wht

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

6. (b) Name of husband or wife Enoch

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

7. Birth date of deceased Dec (Month) 25 (Day) 1859 (Year)

8. AGE: Years 81 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Alfred Gibson
13. Birthplace ? (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace unk. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pearl Davis

(b) Address Skarks Kons

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 1 (Day) 1941 (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Roy Slaney

(b) Address St Joseph Mo

19. (a) July 31 1941 (Date received local registrar) (b) H J Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 5 minute 00 A. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on July 30 1941, to ....., 19....; that I last saw ~~[illegible]~~ ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to General arterio Sclerosis	5 yrs.
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Woman has suffered five strokes in the past five years, partially paralized on right side of body.

Of operations

Of autopsy NO

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 H F Mundy (M.D. ~~or other~~) Coroner M.D.

Address 404 So 3d Date signed 7/30/41

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(Licensed Embalmer's Statement on Reverse Side)

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 ..... July 30, 1941 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

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

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