

FILED AUG 25 1941
Registration District No. **778**

Primary Registration District No. **4295**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Hawkpoint Mo**
(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 **1**
In this community **In this community**
years, months or days **1 yrs** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln** **057**
(c) City or town **Hawkpoint** **6**
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
year **1941** hour **7** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **July 5** 19**41** to **July 7** 19**41**;
that I last saw her alive on **July 7** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration _____

Due to **83A**

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? _____

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

23. Signature **V. C. Oldham** (M. D. or other) **21**
Address **Hawk Point, Mo** Date signed **7/9/41**

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **ANNIE ELIZABETH GIBSON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **Aug 10 1849**
(Month) (Day) (Year)

8. AGE: Years **91** Months **10** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Old Monroe Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Creech**

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

14. Maiden name **Elizabeth Brown**

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

16. (a) Informant **Mina Powell**

(b) Address **Hawkpoint Missouri**

17. (a) **Burial** (b) Date thereof **July 9, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stevens Cemetery**

18. (a) Signature of funeral director **Wayne McCoy**

(b) Address **Troy Missouri**

19. (a) **7-9-41** (b) **W. H. Guinn**
(Date received local registrar) (Registrar's signature)

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

7
0
0

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 with the above constitutes grounds for revocation of license.)

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