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

FILED SEP 10 1941

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 254

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

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

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 0 years, months or days

3. (a) PRINT FULL NAME Roy Lee Gibler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Dec. 23 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>8</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Dorothy Gibler

13. Birthplace Cole County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Loggins

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

16. (a) Informant Dorothy Gibler

(b) Address Creston, Route 1

17. (a) Burial (b) Date thereof Aug 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reveries Home

18. (a) Signature of funeral director James Service

(b) Address 700 Jefferson

19. (a) 9-2-41 (b) W. Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Creston - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 20 Year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 19, 1941, to August 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus with ketotic coma

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 61

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. G. Briff M. D. or other _____

Address Jefferson City Date signed 8/20/41

Burn

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

L. H. Anderson

Licensed Embalmer No.....

3641

P. O. Address.....

Jefferson City

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

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