

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28270  
Registrar's No. 34

Registration District No. 309

Primary Registration District No. 4185

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

1. PLACE OF DEATH:  
(a) County: Gentry  
(b) City or town: Albany  
(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.  
In this community: /

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Gentry  
(c) City or town: Albany  
(d) Street No.:  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: 2

3. (a) PRINT FULL NAME Mrs. Perlina Frances Gibbany  
3. (b) If veteran, name war:  
3. (c) Social Security No.:

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 7  
year 1941 hour 11 minute 30 A.M.  
21. I hereby certify that I attended the deceased from May - 21  
1941 to Aug - 5 1941.  
that I last saw her alive on Aug - 5 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife: Luther T. Gibbany  
6. (c) Age of husband or wife if alive: 20 years 1868 (Day) (Year)

Immediate cause of death:  
Metastatic Ca Breast and Spinal Cord  
Due to Ca Breast  
Duration 2 mos  
Other conditions: 50  
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 10 Days 18  
If less than one day hr. min.

9. Birthplace: Gentry County Missouri

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Jonathan Dorsey

13. Birthplace: Wm. Tennessee

14. Maiden name: Margaret Jackson

15. Birthplace: Tennessee

16. (a) Informant: Miss Nellie Gibbany

(b) Address: Albany, Mo.

17. (a) Burial (b) Date thereof: 8/9/41

(c) Place: burial or cremation: Henton Cemetery

18. (a) Signature of funeral director: W. T. Martin

(b) Address: Albany, Missouri  
19. (a) Date received local registrar: Aug 9, 1941 (b) W. T. Martin (c) Registrar's signature

Major findings: Of operations: Ca Breast 2 1/2 yrs. ago.  
Of autopsy:  
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?

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Frank H. Rose (M. D. or other) M.D.  
Address: Albany, Mo. Date signed: 8-8-41

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Clifford Brooke*

Licensed Embalmer No. 3329

P. O. Address. Albany Missouri

**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.**