

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34758

Registration District No. 238

Primary Registration District No. 5326

Registrar's No.

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Rural (Cedar)
(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 _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Laura Bell Gibson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 27th
year 1941 hour 9 minute 30 A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bert Gibson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 10th, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2nd 1941 to October 27 1941
that I last saw her alive on June 2 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
56 3 17 hr. min.

Immediate cause of death Malignancy of Ovary
Duration _____

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) HQA

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John L. Divine
13. Birthplace unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Higgins
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Gibson
(b) Address Lockwood, MO.

17. (a) Burial (b) Date thereof 10-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) 10-28-41 (b) J. P. Wren
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
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 _____
23. Signature L. E. Duncanson (M. D. or other) D. M. D.
Address Lamar, MO. Date signed Oct 27 1941

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

NOV 5 1941

NOV 8 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..... *R. W. River*.....

Licensed Embalmer No. *3141*.....

P. O. Address..... *Lamar Mo*.....

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.