

FILED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34820

State File No. _____

Registration District No. 286

Primary Registration District No. 5404 B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Gibson Mo. Hunt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Gibson
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 1941
year 1941 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 24 1941 to Oct 29 1941
that I last saw her alive on Oct 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas
Duration _____
Due to _____
Due to _____

Other conditions H69
(Include pregnancy within 3 months of death)
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) _____
(Specify means of injury)
23. Signature John S Brown (M. D. or other) _____
Address Camphell Date signed 10/29/41

3. (a) PRINT FULL NAME Mattie Floyd

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

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

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

7. Birth date of deceased July - 7th 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name M. D. Floyd

13. Birthplace S.C. (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Fannie Smith

15. Birthplace Tenn (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Floyd Godd

(b) Address Gibson, Mo.

17. (a) Burial (b) Date thereof Oct 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Lanahan Funeral Home

(b) Address Camphell Mo.

19. (a) Dec 7-41 (b) J Anderson
(Date received local registrar) (Registrar's signature)

257 (Licensed Embalmer's Statement on Reverse Side)

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

5000

RECEIVED

District Health Office No. 2,

District File Number 11411568

Date Filed 11/24/41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Christina M. Lunders

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.