DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17973

Registration District No. FILED JUN 10 1942 Primary Registration District No. [illegible] Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, Washington T.S. (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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 3

(a) State Missouri (b) County Greene

(c) City or town Rural, Route 2 (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.? years.

3. (a) PRINT FULL NAME Mary Katharine Gibson

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 Widowed

6. (b) Name of husband or wife George

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

7. Birth date of deceased August (Month) 28 (Day) 1857 (Year)

8. AGE: Years 84 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name William Parten
13. Birthplace / Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Beatie
15. Birthplace Greene Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Clifford Webb

(b) Address Rogersville, Mo R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-42 (Month) (Day) (Year)

(c) Place: burial or cremation Dodson Cemetery

18. (a) Signature of funeral director Kelley-Ferrell

(b) Address Rogersville Mo.

19. (a) June 5-42 (Date received local registrar) (b) Mrs. Frank Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from May 26-42, 19__, to May 30, 1942 that I last saw her alive on May 30, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart	once
Due to Cardiac asthma	10 days
Due to former attacks	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95c

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Dayer (M. D. or other)

Address 623 Woodruff Date signed June 7 42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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, above space should be left blank.