

FILED AUG 24 1942

Registration District No. 720

Primary Registration District No. 7451

Registrar's No. 1805

9100
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ripley 91

(c) City or town Doniphan
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA GIBBS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1942 hour 5 minute A.M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband H. C. Gibbs

6. (c) Age of husband 54 years

7. Birth date of deceased May 1 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1942 to Feb 24 1942

that I last saw her alive on Jan 17 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 11 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of uterus and in genital cancer

Due to amblyopia

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

Due to _____

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

10. Usual occupation Housewife

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name John Huck

13. Birthplace _____ (City, town, or county) (State or foreign country) MO O

14. Maiden name unknown

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

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? _____

16. (a) Informant H. C. Gibbs

(b) Address Doniphan MO

17. (a) Burial (b) Date thereof 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director J. H. Staley

(b) Address Doniphan

19. (a) 2/28/42 (b) J. H. Staley
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Staley (M. D. or other) _____

Address Doniphan MO Date signed 2/28/42

RECEIVED

District Health Officer No. 5,

District File Number

842647

Date Filed

8-20-47

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.....

O. L. Becker.

Registered Apprentice No.

530

working under my personal supervision.

Arkansas

Signed.....

O. L. Becker

Licensed Embalmer No.

530

P. O. Address.....

Banning, Ark

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.