S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13935

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Girardeau,

(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six days (Specify whether

In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 79

(a) State Missouri (b) County Perry 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Joseph Benedict Gibbar

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary Nettie Gibbar

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 23 (Day) 1887 (Year)

8. AGE: Years 56 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Perry County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joseph Benedict Gibbar
13. Birthplace Perry County Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosa Miles
15. Birthplace Perry County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph H Gibbar
(b) Address Perryville, Mo.

17. (a) 410 South main st (Burial, cremation, or removal) (b) Date thereof 4-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Perryville, Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville, Mo.

19. (a) 4-12-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th. year 1943 hour 11 AM. minute 20 M.

21. I hereby certify that I attended the deceased from 4/4, 1943, to 4/9, 1943 that I last saw him alive on 4/9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	4 yrs
Due to	
Due to	
Other conditions: Gangrene Lt Leg (Include pregnancy within 3 months of death)	1 wk.

Major findings:
Of operations 93d
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D B Elrod (M. D. or other)

Address Cape Girardeau, Mo. Date signed 4-10-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 543-2190

Date Filed 5-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.