

21165

No. 2  
5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ED JU

Registration District No. 211

Primary Registration District No. 5291

Registrar's No. 20

26  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
R.F.D.#1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution .....  
(Specify whether years, months or days)

In this community 62  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Elston  
(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 0

3. (a) PRINT FULL NAME Viola Gibler

3. (b) If veteran, name war ..... 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 2 day 19  
year 43 hour 3:30 minute 7 M.

21. I hereby certify that I attended the deceased from .....  
....., 19....., to ..... 19.....;

that I last saw h..... alive on ..... 19.....;  
and that death occurred on the date and hour stated above.

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 30 1880  
(Month) (Day) (Year)

Immediate cause of death Coronary heart disease

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

8. AGE: Years Months Days If less than one day  
62 6 20 hr. min.

9. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

PHYSICIAN

Major findings:  
Of operations .....  
Of autopsy .....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business .....

12. Name Solomon Gibler

13. Birthplace Pa  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Baker

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

16. (a) Informant Ally Gibler  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-21-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elston, Missouri

18. (a) Signature of funeral director Shirley J. Gordon  
(b) Address Jefferson City, Missouri

19. (a) ..... (b) J. J. Williams  
(Date received local registrar) (Registrar's signature)

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 David Baker (M. D. or other) MD  
Address Jefferson City Mo Date signed 2/24/43

**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. *4096*

P. O. Address *Jefferson City*

**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.**