

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 51

Primary Registration District No. 5019

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
1 mile North Rochester, Mo.
(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 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 1 mile North Rochester
(If rural, give location)

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

3. (a) PRINT FULL NAME MINNIE GIBBINS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Roger Gibbins

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 22 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1943 hour 5 minute 55 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, to Sept. 24, 1943
that I last saw her alive on Sept. 23, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>2</u>	_____ hr. _____ min.

Immediate cause of death cerebral hemorrhage Duration 1 week

9. Birthplace Washington county Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Due to _____

Due to _____

Other conditions Valvular heart disease 2 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Henry Cloud

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

14. Maiden name Amanda VanDike

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Roger Gibbins

(b) Address Helena, Mo. R.R. #1

17. (a) burial (b) Date thereof 9/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director Heaton, Belsley & Bowman

(b) Address 319 South 10th St. Joseph, Mo.

19. (a) 9/24/43 (b) F. H. Fritchman
(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 J. H. Kelley (M. D. or other) _____
Address Savannah, Mo. Date signed 9/25/43

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

200

Dr. Arthur Kelly
Savannah

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 Emil Thomas

Licensed Embalmer No. 2640

P. O. Address Joseph Rd

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.