

FILED DEC 15 1943

Registration District No.

Primary Registration District No. 4482

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Scottard

(b) City or town Memphis
(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 Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scottard

(c) City or town Memphis
(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 _____

3. (a) PRINT FULL NAME Gibson Shelby Stice

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1943 hour 2 minute 2 A.M.

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

What I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lilda Blaine Stice 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 5 1887
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 76 Months 7 Days _____ If less than one day _____ hr. _____ min.

Due to no dr in attendance
Evidence of Heart Block

Due to Found Dead in bed
no request

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

9. Birthplace Greencastle Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Faberor

11. Industry or business _____

MOTHER FATHER

12. Name M. Brewer

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

14. Maiden name M. Brewer

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Johnnie Stice

(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Edith M. Barkett

(b) Address Memphis Mo

19. (a) Nov 26, 1943 (Date received local registrar) (b) Bessie Hilson (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 OTM Baker (M. D. or other) Coverer

Address Memphis Mo Date signed 11/27/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 12-43-1918

Date Filed DEC 13 1943

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.....

Fred Gerta

Licensed Embalmer No.....

4256

P. O. Address.....

Memphis, Tenn.

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.