S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 2427

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18898

Primary Registration District No. 4412

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville Mo
(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 No (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Curryville 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 0

3. (a) PRINT FULL NAME Mollie L. Gibbs

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. B. Gibbs

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

7. Birth date of deceased Nov. — 7 — 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 26 If less than one day hr. min.

9. Birthplace 9 Mi S. W. Bowling Green Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name J. D. Staley
13. Birthplace Nashville Tenn 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavacia Hendrick
15. Birthplace Near Ashley Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Staley
(b) Address Bowling Green

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-44
(Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Concord Cemetery

18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green Mo.

19. (a) May 20 44 (Date received local registrar) (b) Vice Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1944 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 1st 1943 to May 4th 1944
that I last saw her alive on May 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to —

Due to

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 b

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 James B. Biggs M.D. (M. D. or other)

Address Bowling Green, Mo. Date signed 5/4/44

1148

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]D
District [illegible] Officer No. 19
District File Number 6-44-1122
Date Filed JUN 9 1944

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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.