DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

Registration District No. 12

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-131 5143

State File No. 21194

Registrar's No. 186

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL Poplar Bluff
(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 —

In this community 8 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

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

(d) Street No. 3½ MI S.E. HARVIELL MO
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JULIA GIBONEY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife GEORGE GIBONEY

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased AUG (Month) 25 (Day) 1874 (Year)

8. AGE: Years 69 Months 9 Days — If less than one day hr. min.

9. Birthplace NEWTON CO (City, town, or county) MISS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name ROBINSON
13. Birthplace MISS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Geo Gibony
(b) Address Ben Del Harviell Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT GROVE CEM

18. (a) Signature of funeral director W. Phillips
(b) Address Poplar Bluff Mo

19. (a) 5/26/44 (Date received by local registrar) (b) Belle Runne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1944 hour 7 minute — P.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.

Immediate cause of death — Duration
Madrin had a doctor but had complaines with her stomach for years. Was not in bed at any time ate her supper and after eating sat down and died a few minutes later

Other conditions (Include pregnancy within 3 months of death)
Statement by Husband

Major findings:
Of operations
Neighbor Roy Butler

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) No

(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 Belle Runne (M. D. or other) Local Registrar

Address Poplar Bluff Mo Date signed 5/26/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED
District Health Office No.
District File Number 644-8
Date Filed 6-14-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff Mo

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.