DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21229

Registration District No. ____ Primary Registration District No. 4063 Registrar's No. ____

1. PLACE OF DEATH
(a) County: Caldwell
(b) City or town: Hamilton
(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 years, months or days)
In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Caldwell 13
(c) City or town: Hamilton 1 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: JOZELL GUIBERSON
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred Guiberson
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Feb (Month) 26 (Day) 1874 (Year)

8. AGE: Years 70 | Months 1 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Winterset (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: ____
MOTHER
12. Name: George W Sievers
13. Birthplace: Iowa (City, town, or county) (State or foreign country)
FATHER
14. Maiden name: Emma Purse
15. Birthplace: Ind (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Guiberson
(b) Address: Hamilton Mo
17. (a) Memorial (Burial, cremation, or removal) (b) Date thereof: Apr 11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Winterset Iowa
18. (a) Signature of funeral director: Brown Funeral Home
(b) Address: Hamilton Mo
19. (a) June 6-44 (Date received local registrar) (b) Corinne Garrett (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from April 8, 1944, to April 10, 1944, that I last saw h. e. alive on Apr 9, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days.
Due to: Generalized Arteria Sclerosis	?
Due to:	
Other conditions. (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — 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): ____
(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: 0
23. Signature: Herbert R. Both (M. D. or other) MD
Address: Hamilton Missouri Date signed 4/11/44

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

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

working under my personal supervision.

Signed Morris A. Brand

Licensed Embalmer No. 3918

P. O. Address Hamilton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.