

FILED JUN 16 1944

State File No.

Registration District No. 170

Primary Registration District No. 3024

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Mo.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri, Howard, 45
(a) State _____ (b) County _____
(c) City or town Fayette, Mo.
(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 May Dinwidie, Gibbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Luther B. Gibbs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 10th 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Alex Dinwidie

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

14. Maiden name Mary Jane Knowles

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

16. (a) Informant Miss Bula Gibbs
(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 5-7th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Guy T. Halley
(b) Address Fayette, Mo.

19. (a) 5-13-1944 (b) Ernest W. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour 11 minute 35 P.

21. I hereby certify that I attended the deceased from June 1943
19 _____ to May 5 19 44
that I last saw him alive on May 17 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Cell Carcinoma - face Duration 6 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

53

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. L. Coffey (M. D. or other) MD

Address Fayette, Mo. Date signed 5-13-44

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

1321

RECEIVED

District Health Officer No. 8

District File Number

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 embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ray T. Hareem

Licensed Embalmer No.

2966

P. O. Address

Fayette, 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.