

FILED JUL 20 1944

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Rural Comm. Ship
 (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 7 mos (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Comm. Ship Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt 2 Parma 2nd 720
 (If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME

Alsie Gibbs

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

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

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

7. Birth date of deceased Oct 5, 1881
 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 29 If less than one day hr. min.

9. Birthplace 3rd Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business none

12. Name Don't know

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

14. Maiden name "

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

16. (a) Informant Walter Gibbs

(b) Address Parma, Mo. Rt #2

17. (a) Removed (b) Date there 6/25/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haytym Colored Cemetery

18. (a) Signature of funeral director Norman L. ...
 (b) Address St. Louis, Mo. ...

19. (a) June 25/44 (b) mo S.B. ...
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1944 hour 8 minute 35 PM

21. I hereby certify that I attended the deceased from June 18th to June 25th, 1944, that I last saw her alive on June 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Enteritinal Haemorrhage Duration 8 days
 Due to Pelagra Don't know

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? — (Specify type of work) (e) Means of injury —

23. Signature J.E. Mitchell (M. D. or other) MD

Address Malden Mo Date signed 6/25/44

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

2002

222

6324

RECEIVED

District Health Office No. 2,

District File Number 74-966

Date Filed 7-7-44

FEB 3 1950

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 John H. German

Licensed Embalmer No. # 355

P. O. Address State, Md. Bal # 71

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.