

S. No. 2
M-8-43
5-17-39
P1 X37823

37385

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 20 1944

Registration District No. 2 Primary Registration District No. 3010

Registrar's No. 377

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott 100
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Shirkey Raymond Gibbs

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jettie Kinder Gibbs 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Feb. 14, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 8 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Simon N. Gibbs
13. Birthplace Grace Co. Ky
(City, town, or county) (State or foreign country)
14. Maiden name Wannah Bates
15. Birthplace Worle Co. Ind
(City, town, or county) (State or foreign country)

16. (a) Informant W H Gibbs
(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof 11-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee Mo

18. (c) Signature of funeral director Displinghoff Hubbard
(b) Address Chaffee Mo

19. (a) 11-14-44 (b) F. O. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 8th day 1944
year 1944 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-5-1944 to 11-8-1944
that I last saw him alive on 11-8-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 da
Due to Ch Myocarditis

Due to
Other conditions (Include pregnancy within 3 months of death) 930

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

23. Signature W J Beardi (M. D. or other)
Address Cape Girardeau Mo Date signed 11/16/44

RECEIVED

District Health Officer No. 4
District File Number 1144-4572
Date Filed 11-17-44

DEC 4 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 Francis R. Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.