

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40800

State File No. _____

FILED JAN 18 1945

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. _____

423.

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: Southwest Mo. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 years, months or days) 0
 In this community 25 years

3. (a) PRINT FULL NAME

EDGAR W. GIBSON

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex MaleMale5. Color or race White6. (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 Feb

(Month)

17

(Day)

1857

(Year)

8. AGE:

Years

Months

Days

If less than one day

87109

hr.

min.

9. Birthplace Unknown

(City, town, or county)

Illinois

(State or foreign country)

10. Usual occupation Retired salesman

11. Industry or business _____

12. Name Unknown

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant Hard Gibson(b) Address St. Louis, Iowa17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 12-20-44

(Month)

(Day)

(Year)

(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director J. B. Hawes(b) Address Cape Girardeau, Mo19. (a) 12-26-44

(Date received local registrar)

(b) J. P. Phelps

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 15
 (d) Street No. 36 N Ellis (If rural, give location) 4
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
 year 1944 hour 12 minute - P.M.

21. I hereby certify that I attended the deceased from December 16, 1944 to December 17, 1944;
 that I last saw him alive on December 17, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 20 hrs.

Due to Arteriosclerosis Unknown

Due to _____

Other conditions 83 a
 (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? _____

While at work _____ (Specify type of place)
 Means of injury 0

23. Signature J. P. Phelps (M. D. or other) MDAddress Cape Girardeau, Mo Date signed 1/7/45

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

RECEIVED

District Health Officer No. 4

District File Number 145-73

Date Filed 1-8-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.