V. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23640

FILED AUG 13 1945

Registration District No. 3010. Primary Registration District No. 3010. Registrar's No. 202.

16
1
4

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: 602 BELLEVUE 1
(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 35 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU 11

(c) City or town CAPE GIRARDEAU 1
(If outside city or town limits, write "RURAL")

(d) Street No. 602 BELLEVUE 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME LONZO GIBSON

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

4. Sex M O 5. Color or race WH 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NETTIE GIBSON 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased OCT (Month) 1 (Day) 1878 (Year)

8. AGE: Years 66 Months 9 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace UNION COUNTY (City, town, or county) KY 1 (State or foreign country)

10. Usual occupation TIMBER BUYER

11. Industry or business RETIRED

FATHER
12. Name DON'T KNOW
13. Birthplace ____ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name DON'T KNOW
15. Birthplace ____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant NETTIE GIBSON - WIFE
(b) Address 602 BELLEVUE CITY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRMOUNT

18. (a) Signature of funeral director PAUL HACKNEY
(b) Address CAPE GIRARDEAU MO

19. (a) 7-7-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1st year 1945 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5/ ____, 1945 to July 1st, 1945 that I last saw him alive on 7/1/45 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other)

Address Cape Girardeau Mo Date signed 7/6/45

BAUGH

1014 (Licensed Embalmer's Statement on Reverse Side)

..EIVED

District Health Officer No. 4

District File Number 845-924

Date Filed 8-10-45

4.

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 Paul Hackney

Licensed Embalmer No. 3598

P. O. Address Cape Girardeau, 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.