S. No. 2
M-3-43
4-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30294

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 303

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 HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether
In this community 25 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU 16

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

(d) Street No. 1117 S. RANNEY 11
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PEARL P. GIBSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED V

6. (b) Name of husband or wife D. M. GIBSON

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

7. Birth date of deceased APR. (Month) 24 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	5	—	hr. min.

9. Birthplace UNION COUNTY (City, town, or county) Ad. Ill. (State or foreign country)

10. Usual occupation

11. Industry or business HOUSEWIFE

FATHER
12. Name Don't know
13. Birthplace Don't know (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 MRS. ROBT TAYLOR
(b) Address 1117 RANNEY, Cape Girardeau, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

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

19. (a) 10-1-45 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 24th
year 1945 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 15, 1945, to Sept. 24, 1945, that I last saw her alive on Sept. 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma Right Lung.

Due to Metastasis from Sarcoma Right leg

Due to about 4 years ago

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.

476

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 0

23. Signature [signature] (M. D. ~~or other~~)
Address Cape Girardeau Mo. Date signed 9/28/45

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1045-1166

Date Filed 10-6-45

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 Paul Hartney

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.