

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

4820

State File No. _____

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 73

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
225 N. Frederick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 17 yrs.

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") -
(d) Street No. 225 North Frederick
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NYDIA E GIBSON
3. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leavitt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 7 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 6
year 1946 hour 12 minute 0 P. M.
21. I hereby certify that I attended the deceased from 1/10 1946 to Feb 6th 1946
that I last saw him alive on Feb 6th 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral
Calor

8. AGE: Years 49 Months 5 Days 0
If less than one day _____ hr. _____ min.

Due to Cerebral
Due to _____

9. Birthplace Omaha Neb.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings:
Of operations _____

11. Industry or business none

Of autopsy _____

12. Name Bess Maynard

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) (e) Means of injury _____

13. Birthplace England - 4
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Martha Burnham

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

16. (a) Informant Leavitt Gibson
(b) Address Cape Girardeau Mo

17. (a) Burned (b) Date thereof 2-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louise Cemetery

18. (a) Signature of funeral director W. D. Newell
(b) Address Cape Girardeau Mo

19. (a) 2-27-1946 (b) W. C. Summers
(Date received local registrar) (Registrar's signature)

23. Signature W. C. Summers (M. D. or other) _____
Address Cape Girardeau Mo Date signed 2/27/46

W. C. Summers (Licensed Embalmer's Statement on Reverse Side)

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

3841

Seaman

RECEIVED

District Health Officer No. 4
District File Number 346-1862
Date Filed 3-6-46

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. Jeter
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.