

S. No. 2
M-2-43
5-17-39
P-1 X35697

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

State File No. **27990**

FILED SEP 22 1946

Registration District No. **27** Primary Registration District No. **3054** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Pike**
(b) City or town **Linscomb**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pike Co Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 hrs**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **A. Belle Gibson**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 31 1898**
(Month) (Day) (Year)

8. AGE: Years **87** Months **11** Days **26** If less than one day hr. min.

9. Birthplace **Linscomb Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **House wife**

11. Industry or business _____
12. Name **John Hunter**
13. Birthplace **Va**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily Jones**
15. Birthplace **Va**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. Belle Gibson**
(b) Address **Elberry**
17. (a) **Burial** (b) Date thereof **Aug 30 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elberry**

18. (a) Signature of funeral director **W. W. Bradley**
(b) Address **Elberry Mo**
19. (a) **8/27/46** (b) **Margaret Stephens**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Linscomb**
(c) City or town **Elberry Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **27**
year **1946** hour **7** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **8/26/1946** to **8/27/46**
that I last saw h.o.r. alive on **8/27/46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Embolism**
Due to: **Myocardial Failure**
Due to: **Hypertensive cardio-vascular Disease**
Other conditions: **Senility**
(Include pregnancy within 3 months of death)
Major findings: Of operations **none**
Of autopsy **none**
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) **NO**
(b) Date of occurrence **NO**
(c) Where did injury occur? **NO**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO
While at work **NO** (Specify type of place) Means of injury **NO**
23. Signature **Chas. H. Powell** (M. D. or other) _____
Address **Linscomb Mo** Date signed **8-27-46**

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

205623

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RECEIVED
District Health Officer, N.C. 10
District File Number *9-46-1682*
Date Filed *SEP-1-1-1946*

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. G. Bradley*
Licensed Embalmer No. *3966*
P. O. Address *E. Stump*

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.