

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8451**

Registration District No. **98**

Primary Registration District No. **5370**

Registrar's No. **33**

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

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **"Rural" Union Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
5 Miles North Gallatin, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **Most of Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frankie May Gibbens**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Roy Gibbens**
 6. (c) Age of husband or wife if alive **61** years
 7. Birth date of deceased **November 22 1888**
(Month) (Day) (Year)

8. AGE: Years **58** Months **2** Days **28**
 If less than one day hr. min.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own Home**

MOTHER FATHER
 12. Name **Frank Shipley**
 13. Birthplace **Daviess County Missouri**
 14. Maiden name **Canvass Ruth Clark**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Gibbens**
 (b) Address **Gallatin, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-23-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**
 (b) Address **Gallatin, Missouri**

19. (a) **2-25-47** (Date received local registrar) (b) **Virginia M. Engelhart** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Daviess**
 (c) City or town **"Rural" Union Township**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5 Miles North Gallatin, Mo.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feby.** day **20**
 year **1947** hour **1** minute **25** A.M.

21. I hereby certify that I attended the deceased from **Feb 10** to **Feb 20**, 1947, that I last saw her alive on **Feb 20** and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis**

Due to **removal of Left Kidney after repeated attacks of kidney pain**
 Due to **repeated attacks of kidney pain**
 Other conditions **repeated attacks of kidney pain**
(Include pregnancy within 5 months of death)

Major findings:
 Of operations **1 3 2 B**
 Of autopsy _____
 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) (e) Means of injury _____

23. Signature **J. J. Graham** (M. D. or other)
 Address **J. J. Graham M.D.** Date signed **2/25/47**

FEB 10 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

L. P. Richesson

Licensed Embalmer No. *3302*

P. O. Address *Fallston, 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.