

FILED FEB 3 1948

Registration District No. 93

Primary Registration District No. 4154

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Dade
Greenfield

(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 40 yrs.
(years, months or days)

3. (a) PRINT FULL NAME Pearl Miller Gibson

3. (b) If veteran, name war 1

3. (c) Social Security No. none

4. Sex F

5. Color or race Black

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

6. (b) Name of husband or wife Miller

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

7. Birth date of deceased Oct. 7 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 10
If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER {

12. Name Aaron Coker

13. Birthplace unkown
(City, town, or county) (State or foreign country)

14. Maiden name Millie Coker

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

16. (a) Informant Lucy Choice

(b) Address Greenfield Mo.

17. (a) burial (b) Date thereof 1/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield mo.

18. (a) Signature of funeral director W. R. Allison
Greenfield mo.

(b) Address _____

19. (a) Jan. 20-48 (b) Geo L. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade

(c) City or town Greenfield Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1948 hour 8 minute 20 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on Jan 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach with metastasis

Due to _____

Due to _____

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

Major findings: Of operations Ulc

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Dr. Hal B. Jones (M. D. or other) Dr.
Address Greenfield, Mo. Date signed 1/17/48

RECEIVED
District Health Officer No. 6,
District File Number 148-148
Date Filed JAN 30 1948

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. R. Allison
Licensed Embalmer No. 4404
P. O. Address Greenfield, N.H.

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.