

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17247**
Registrar's No. **123**

FILED JUN 3 1947
Registration District No. _____

Primary Registration District No. **4218**

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

1. PLACE OF DEATH:

(a) County **Henry**

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

(c) Name of hospital or institution: **Community Hospital 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **5 days**

3. (a) PRINT FULL NAME **Mrs. Mary Eberle Gibbs**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Fe /**

5. Color or race **W**

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

6. (b) Name of husband or wife **Robert Gibbs**

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

7. Birth date of deceased **August 31 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	8	20	hr. _____ min.

9. Birthplace **Louisville Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Augustus Eberle**

13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Elizabeth Taylor**

15. Birthplace **Louisville Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. I. E. Fear**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **5-24-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **5-26-47** (Date received local registrar)

(b) **R. R. Kenney** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Henry 42**

(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")

(d) Street No. **112 North Street**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**

year **1947** hour **7:35 P M** minute _____ M.

21. I hereby certify that I attended the deceased from **May 1**
19**47**, to **May 21** 19**47**

that I last saw h. **is** alive on **May 21** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tumor on bowels
probably malignant
(no post mortem)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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)

(e) Means of injury _____

23. Signature **Mary Eberle** (M. D. or other) _____

Address **Windsor, Missouri** Date signed **5-22-47**

RECEIVED
District Health Officer No. 7,
5-47-64
District File Number 6-2-47
Date Filed

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.....

William M. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed Edwin H. Burton
3391

Licensed Embalmer No.

P. O. Address Windsor, 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.