DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44118

Registration District No. 605 Primary Registration District No. 4329 Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: (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)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County New Madrid

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Unnamed Daughter of Willie Ann Gibbs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race W

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

6. (b) Name of husband or wife Willie Ann Gibbs

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

7. Birth date of deceased Dec (Month) 5 (Day) 1939 (Year)

8. AGE: Years — Months — Days 4 If less than one day hr. min.

9. Birthplace Parma RFD. Mo (City, town, or county) (State or foreign country)

10. Usual occupation — 0

11. Industry or business — 0

FATHER
12. Name Illegitimate
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Willie Ann Gibbs
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willie Ann Gibbs

(b) Address Parma, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/39 (Month) (Day) (Year)

(c) Place: burial or cremation Parma Mo

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Jamphills Mo

19. (a) 12/10/39 (Date received local registrar) (b) Dr. Geo W Austin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1939 hour 5:30 minute M.

21. I hereby certify that I attended the deceased from — , 19 , to , 19 ; that I last saw her alive on Dec 5, 1939 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	N.K.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward Ford (M. D. [redacted])

Address Parma, Mo. Date signed 12-10-39

5 [illegible] (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19311

RECEIVED

District Health Officer No. 2

District File Number 140-515

Date Filed 1-10

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.