DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10733

Registration District No. 218 | Primary Registration District No. 4131 | Registrar's No. 26

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: 2 (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) THREE YEARS

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town BLACKWATER (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 MRS. CHRISTINA RAINSBARGER GIBSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife THOMAS GIBSON

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

7. Birth date of deceased MARCH "26 (Month) (Day) 1857 (Year)

8. AGE: Years 82 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Walpole County (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Abraham Rainsbarger 1
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature Mrs Maria Schaefer
(b) Address Blackwater, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 (Month) (Day) (Year)
(c) Place: burial or cremation Old Lamine Cemetery

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE MO.

19. (a) 3-21-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20th year 1940 hour 4:24 minute P. M.

21. I hereby certify that I attended the deceased from Mar 7, 1940, to 20, 1940 that I last saw her alive on Mar 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Dr. J. W. Hurst (M. D. or other) D.O.
Address Blackwater Mo Date signed Mar. 20-40

(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. 8-17-39 I X19511

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-11-40

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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, above space should be left blank.