

No. 2
-11-10-39
5-17-39
-1 X21492

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2344

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(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 wife
years, months or days)

8. (a) PRINT FULL NAME Mahala Gibson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 70 yrs. Months Days If less than one day hr. min.

9. Birthplace Cooper County Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Horace Hopkins

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

14. Maiden name Rasena Pinkney

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

16. (a) Informant Biddie Hayes
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Jan 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Haroldman & Bolter
(b) Address Boonville, Mo.

19. (a) 1-11-41 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 7
(c) City or town Boonville 2
(If outside city or town limit, write "RURAL")
(d) Street No. 10th St. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-10 1940 to 1-9 1941;
that I last saw her alive on 12-26 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 mo

Due to arteriosclerosis

Due to g. h. v.

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

Major findings: Of operations none
Of autopsy none

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 J. C. Beckett M.D. (M. D. or other) Address Boonville, Mo Date signed 1-11-41

APR 26 1950

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-6-41

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 G. J. Bolley

Licensed Embalmer No. 3062

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.