DEPARTMENT OF COMMERCE
FILED APR 25 1941
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9938

Registration District No. 4 | Primary Registration District No. 4550 | Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution: 502 W. Olive (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: 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain

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

(d) Street No.: 502 W. Olive (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Melvina Gibson

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Female

5. Color or race: Colored

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

6. (b) Name of husband or wife: Fred Gibson

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: October (Month) 15 (Day) 1891 (Year)

8. AGE: Years 49 | Months 5 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Martinsburg (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: ____

FATHER
12. Name: Manuel Nickens
13. Birthplace: Calloway Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Cora Sorrell
15. Birthplace: Calloway Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Fred Gibson

(b) Address: 502 W. Olive, Vandalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Martinsburg, Mo.

18. (a) Signature of funeral director: W. S. Waters

(b) Address: Vandalia, Missouri

19. (a) March 26 1941 (Date received local registrar) (b) R. Lee Alford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 7, 1940 to March 20, 1941; that I last saw her alive on March 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	7 mo
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)

(e) Means of injury: ____

While at work?: ____

23. Signature: R. Lee Alford (M. D. or Coroner)

Address: Vandalia Mo Date signed: 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 4-41-716
Date Filed APR 10 1941

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 B Wales

Licensed Embalmer No. 4169

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.