

FILED SEP 29 1941

Registration District No. 660

Primary Registration District No. 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville, Mo.
(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 7 Months 12 Days (Specify whether
In this community 7 Months 12 Days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Robert Gibbar

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan. 17 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 12 hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name LeRoy Gibbar

13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Barnes

15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant LeRoy Gibbar

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof Aug. 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 8-30-41 (b) Joseph Zalkow
(Date received local registry of) (Special Agent's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 079
(c) City or town Perryville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name, country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1941 hour 4 minute 45A M.

21. I hereby certify that I attended the deceased from August 27th, 1941, to Aug 29, 1941;
that I last saw him alive on Aug 28, 10:00 P.M., 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Glomerulitis Duration 13 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1190

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) (c) Means of injury _____

23. Signature Dr. C. G. Gahan, D.O. (M.D. or other) 21

Address Perryville Mo. Date signed Aug 29 1941

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

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, fact should be so stated above.