

No. 2
4-47
256

FILED MAR 3 1948
Registration District No. _____

Primary Registration District No. 3609

Registrar's No. 9

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Cape Girardeau, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southern Mo. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 13 days
(Specify whether
In this community. 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau
(c) City or town. Oak Ridge (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MINNIE MARIE GYBE

20. DATE OF DEATH: Month 1 day 6
year 42 hour 9 minute 25 AM.

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

21. I hereby certify that I attended the deceased from 12-9-1941 to 1-6-1942
that I last saw her alive on 1-6-1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death: acute nephritis with retention

6. (b) Name of husband or wife George Gybe (c) Age of husband or wife if alive 79 years

Due to ph. myocarditis

7. Birth date of deceased: April 30 1970
(Month) (Day) (Year)

Due to uremia

8. AGE: Years Months Days If less than one day
71 8 6 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

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? _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Loyes

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Joe Hanna

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

16. (a) Informant Anna Brass (sister)

(b) Address Oak Ridge Mo

17. (a) Burial (b) Date thereof 1-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt Mo

18. (a) Signature of funeral director M. Jackson

(b) Address W. Jackson Mo

19. (a) 1-8-42 (b) F.W. Phelps
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature William E. Jackson (M. D. & other)
Address Jackson Date signed 1-7-42

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

01
1/3/4

1014

RECEIVED

District Health Officer No. 4
District File Number 242-155
Date Filed 2-10-42

MAR 4 1942

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 Thos. K. Allen
Licensed Embalmer No. 4055
P. O. Address Jackson

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.

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. _____

1. PLACE OF DEATH
 (a) County Cape Girardeau
 (b) City or town Cape Gir.
 (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)

3. (a) PRINT FULL NAME Minnie M. Grebe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 30 1871
 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days _____ (If less than one day, in min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day _____ year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him/her alive on _____ 19____ and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Chronic nephritis
Extremed
 Due to Chronic nephritis
 Due to Chronic Bronchitis
 Other conditions Coronary-vascular
renal disease
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy 131a
 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 Albert M. Estess (M. D. or other) _____
 Address Jackson Date signed 7-23-41

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

SUPPLEMENTARY

