

S. No. 2  
9-4-41  
5-17-30  
PI X29487

21090

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 286

Primary Registration District No. 5404 4/69

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin <sup>35</sup>

(c) City or town Gibson <sup>6</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country? no <sup>0</sup> (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Law Ella Floyd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1942 hour 10 minute..... P.M.

21. I hereby certify that I attended the deceased from June 27 1942 to July 19 1942  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife William H. Floyd 6. (c) Age of husband or wife-if alive..... years

7. Birth date of deceased August 18, 1869  
(Month) (Day) (Year)

Immediate cause of death Purpura's throat

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

72 10 1 .....hr. ....min.

Other conditions (include pregnancy within 3 months of death) 1150

Major findings: Of operations.....

Of autopsy.....

9. Birthplace Don't know / Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation house-keeper

11. Industry or business.....

12. Name J. C. Pate

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Allie Gibson

(b) Address Gibson, Missouri

17. (a) burial (b) Date thereof June 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Missouri

18. (a) Signature of funeral director Brown Jernigan

(b) Address Malden, Missouri

19. (a) 7/8/42 (b) Mr. Mutt Blankenship  
(Date received by registrar) (Registrar's signature)

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?..... (c) Means of injury.....

23. Signature John S. Brown (M. D. or Physician)  
Address Campbell Date signed July 1

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 742-853

Date Filed JUL 13 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.....

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.**