

Filed AUG 6 1942

Registration District No.

Primary Registration District No.

Registrar's No. 6297

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

(d) Street No. 410 South Main
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Mary Shirley Gibbard

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

4. Sex Female 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 November 17, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>8</u>	<u>6</u>	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Harold Joseph Gibbard

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Stella May Whistler

15. Birthplace Silver Lake, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Gibbard

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof July 29, 1942
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial Silver Lake, Mo.

18. (a) Signature of funeral director Bay Funeral Home

(b) Address Perryville, Mo.

19. (a) JUL 25 1942 (Date received local registrar)

G. J. Fredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1942 hour 8:30 minute 2 M.

21. I hereby certify that I attended the deceased from July 1
1942 to July 23, 1942
that I last saw h. alive on July 22, 1942,
and that death occurred on the 23 day and hour stated above.

Immediate cause of death aplastic anemia Duration 1 mo

Due to 1 1/2 mo

Due to 1 1/2 mo

Other conditions Pneumonia 5 days
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy same as above

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 1

23. Signature Dr. P. Conitt (M. D. or other)

Address Med. Int. Bldg. Date signed 7/23/42

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

844

about no

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.....

Albert Bey

Licensed Embalmer No.....

3866

P. O. Address.....

Ferryville, 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, fact should be so stated above.