No. 2
—1-4-41
v. 5-17-39
I X26390

27610

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP - 1 1942

State File No.

Registration District No. 187

Primary Registration District No. 5696

Registrar's No. 147

59
0
0

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural - Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri (b) County Livingston

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

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

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

If yes, name country XXX 0

3. (a) PRINT FULL NAME Nancy M. Gibbens

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Charles A. Gibbens

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 11 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	21	XX hr. XX min.

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

10. Usual occupation At home

11. Industry or business XXX

FATHER
12. Name Callie H. Burns
13. Birthplace Ohio (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Mallisia Manning
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Charles A. Gibbens
(b) Address Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetary

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe, Mo.

19. (a) Sept 1 - 1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1942 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug 25, 1942 to Aug 31, 1942
that I last saw her alive on Aug 30, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6 da
Due to Hypertension &	
Due to Arterio-sclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Chillicothe Mo Date signed 9/1/42

458

(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1820

P. O. Address Chillicothe, 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.