

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21861

FILED JUN 20 1944

Registration District No. 184

Primary Registration District No. 4258

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina 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) 1

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina
(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 _____ 0

3. (a) PRINT FULL NAME MARY T. GIBBONS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 1944 hour 8:40 minute P.M.

21. I hereby certify that I attended the deceased from 6-29 1938, to 5-10 1944
that I last saw her alive on 5-7 1944
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased April 12 1854
(Month) (Day) (Year)

Immediate cause of death _____

Pulmonary hemorrhage 5 hrs.
following infection
of bacterial pneumonia 3/3/44

Due to _____

Due to arterio-sclerosis 6/29/38

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

90 - 28

hr. _____ min. _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations _____

Of autopsy _____

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

9. Birthplace Ohio 1
(City, town or county) (State or foreign country)

10. Usual occupation Home-maker

11. Industry or business _____

12. Name Patrick White

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Galan

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Tugley

(b) Address Baring mo

17. (a) Edina mo (b) Date thereof May 13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bath Cemetery

18. (a) Signature of funeral director Stella Kugshauer

(b) Address Edina mo

19. (a) 6-2-44 (b) Nelle Northcutt
(Date received local 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? _____

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

23. Signature Frederick J. Schmitt (M.D. or other) DM 110
Address Edina, Mo. Date signed 5-12-44

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

50

11K2

RECEIVED

District Health Officer No. 10

District File Number 6-44-1176

Date Filed JUN 15 1944

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.....

Karl Hudson

Licensed Embalmer No. 2415

P.O. Address.....

Edina, Miss.

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.