

FILED NOV 4 1944

Registration District No. 339

Primary Registration District No. 6112A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Anzell Nelsonburg
(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) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Anzell
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Ehen Gibbs

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced ✓ 0
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April 17 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Anzell Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business _____

MOTHER FATHER
12. Name Albert Gibbs
13. Birthplace Vonduser Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Burger
15. Birthplace Anzell Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Gibbs

(b) Address Anzell Mo

17. (a) Burial (b) Date thereof Aug 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Augustine Nelson Mo

18. (a) Signature of funeral director B. Splinghoff Hubbard

(b) Address Illmo, Mo

19. (a) Sept 6 1944 (b) Mrs W. L. Tomlinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1944 hour 9-30 minute A M.

21. I hereby certify that I attended the deceased from Aug. 26, 1944, to Aug. 26, 1944;
that I last saw her alive on Aug. 26, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction.
Convulsions.
Due to ## eating of grapes

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 0

23. Signature M. D. Tomlinson (M. D. or other) M. D.
Address Illmo, Mo. Date signed 8-27-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1316

RECEIVED

District Health Office No. 2,

District File Number 1144-1459

Date Filed 11-3-44

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 Mamie Bepko

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.