

FILED AUG 9 1945

Registration District No. ....

Primary Registration District No. 3010

Registrar's No. 226

1. PLACE OF DEATH

(a) County Cape Girardeau

(b) City or town Cape Girardeau

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

(d) Length of stay: In hospital or institution 2 1/2 hours (Specify whether  
In this community 2 1/2 hours  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. near Gordonville Mo. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EUGENE WILLIAM GIBBS

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month 7 day 18  
year 1945 hour 2 minute P M.

4. Sex male 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

21. I hereby certify that I attended the deceased from 7-12, 1945, to 7-18, 1945  
that I last saw him alive on 7-18, 1945  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov 4, 1928  
(Month) (Day) (Year)

Immediate cause of death Pneumococci Meningitis

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>8</u>	<u>14</u>	hr. min.

Due to Complicating - upper respiratory infection

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

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions Acute Parenchymal nephritis  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations ✓

12. Name Wm. Gibbs

Of autopsy \_\_\_\_\_

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

14. Maiden name Alma Eggmann

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

16. (a) Informant J. Miller

(b) Address Gordonville Mo

17. (a) Burial (b) Date thereof 7-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. Miller

(b) Address Jackson Mo

19. (a) 7-20-45 (b) J. Miller  
(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)

23. Signature Arthur M. Ester (M. D. or other) MD

Address Jackson Mo Date signed 7-18-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

FILED

District Health Officer No. 4  
District File Number 845-900  
Date Filed 8-7-45

AUG 10 1945

**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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Butteville, 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.**