. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

15081

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16189

FILED JUN 10 1946

State File No.

Registration District No. 100 Primary Registration District No. 5386 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Rural Norman Township. (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)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 80 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent 33

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

(d) Street No. Norman Township 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Dicie Nathan Gibbs.

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

4. Sex F. 1 5. Color or race W 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan. (Month) 16. (Day) 1864 (Year)

8. AGE: Years 82 Months 4 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Gasconade County (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business —

FATHER
12. Name Marion Fritzgerald.
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy E. Burrus
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sam Gibbs
(b) Address Salem, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation June Cemetery

18. (a) Signature of funeral director Hobson + Grantham
(b) Address Salem, Mo.

19. (a) 5-18-46 (Date received local registrar) (b) M. M. Hart, M.D. by MAE (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946. hour 8 minute 5 A.M.

21. I hereby certify that I attended the deceased from January, 46, 1946, to May 17, 1946 that I last saw her alive on May 16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic heart disease	yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 M. M. Hart M.D. (M. D. or other) MD

Address Salem Mo Date signed 5/18/46

83

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File No. 646372
Date Filed 6-6-46

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.