

FILED JUN 14 1945
Registration District No.

Primary Registration District No. 4170

Registrar's No. 40

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Union Star 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) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 39
(c) City or town Union Star Mo
(If outside city or town limits, write "RURAL") _____
(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 DORA B. KIBBEY

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edgar H. Kibbey 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb 26, 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry C. Adams
13. Birthplace Rea County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Varvel
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar H. Kibbey
(b) Address Union Star Mo

17. (a) Burial (b) Date thereof May 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo

19. (a) 6-3-45 (b) John Clame
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1945 hour 1.6 minute 30 PM

21. I hereby certify that I attended the deceased from April 1945 to May 26, 1945
that I last saw her alive on May 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration 2 weeks

Due to _____

Due to _____

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

Major findings: Of operations 950
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? _____

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

23. Signature P. M. Reynolds (M. D. or other) _____
Address Union Star Mo Date signed 5-27-45

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

200

RECEIVED
District Health Officer No. 14
District File Number
Date Filed

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City 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.