

REC'D SEP 27 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29553

Do not use this space.

## 1. PLACE OF DEATH

(a) County Morgan Registration District No. 3-97435  
(b) Township Barnett Primary Registration District No. 5-7-9-2 Registered No. 3-57  
(c) City Barnett (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John C Hibdon 135  
(a) Residence, No. Barnett, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 - 1938

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, (.....) hrs. or (.....) min.  
3 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Barnett 0  
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Orville Hibdon 0

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ 0  
(STATE OR COUNTRY) Morgan Co., Mo.

MOTHER 15. MAIDEN NAME Bernice Hibdon

16. BIRTHPLACE (CITY OR TOWN) Miller Co  
(STATE OR COUNTRY) mo

17. INFORMANT Mrs Ed Findlay  
(ADDRESS) Barnett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holt Cemetery DATE Aug. 15 1938

19. FUNERAL DIRECTOR (NAME) Carl Young  
(ADDRESS) Barnett, Missouri

20. FILED 9/11 1938 H. E. Shelton  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1938 to Aug 14 1938  
I last saw him alive on Aug 13 1938 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset 8-6

Other contributory causes of importance:

Gastro Enteritis

7-30-38

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L Date of injury \_\_\_\_\_, 1938

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) E. E. Shelton, M. D.

(Address) Eldon Mo.

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STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
BUREAU OF HEALTH SERVICES

EMERALD CITY

RECEIVED  
District Health Officer No. 74  
District File Number 7-38-86  
Date Filed 9/12/84

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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, above space should be left blank.**