

MAY 19 1939

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

15054

Do not use this space.

## 1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
(b) Township Woods Primary Registration District No. 4230 Registered No. 26  
(c) City Ironton (d) Street No. St. Mary's Hospital 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 Joseph Sherman Hibdon

(a) Residence, No. Good Land 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) Jan. 21, 1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 3 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
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) Goodland Mo. (STATE OR COUNTRY)FATHER 13. NAME Thomas M. Hibdon14. BIRTHPLACE (CITY OR TOWN) Linn Creek Mo. (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Nora Kieth16. BIRTHPLACE (CITY OR TOWN) Goodland Mo. (STATE OR COUNTRY)17. INFORMANT Ornell Hibdon (ADDRESS) Goodland Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Goodland Mo. DATE May 1, 193919. FUNERAL DIRECTOR (NAME) Norman White & Sons (ADDRESS) Ironton Mo.20. FILED May 4, 1939 R. A. Pasche Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

22. I HEREBY CERTIFY, That A attended deceased from April 30<sup>th</sup>, 1939, to April 30<sup>th</sup>, 1939  
I last saw him alive on April 30<sup>th</sup>, 1939 Death is said to have occurred on the date stated above, at 3.00P.M.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Pre-mature infant (at birth) (2 1/2 mos.)

Date of onset 4/29/39  
Bronchial-Pneumonia  
catarrho-pharyngitis (2 wks.)

Name of operation none Date of 2/29/39What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
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) R. E. Garland, M. D.  
(Address) Ironton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X16605

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

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**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.**