

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44411

MADE 13 1940

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 237

1. PLACE OF DEATH:

- (a) County Randolph 2
 (b) City or town Moberly
 (c) Name of hospital or institution: 335 No Williams
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Martin L Bibb 150

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Bibb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21st 1850
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 8 25 hr. min.

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

10. Usual occupation Retired Minister

11. Industry or business _____

12. Name Martin Bibb

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

14. Maiden name Martha Taylor

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

16. (a) Informant's own signature Miss Ida Bibb

(b) Address Moberly Mo

17. (a) _____ (b) Date thereof Dec 18 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Robison and Son

(b) Address Moberly Mo

19. (a) Dec 18 - 39 (b) Seal Mellieus
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 335 No Williams
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
 year 1939 hour 2 minute — P. M.

21. I hereby certify that I attended the deceased from July 31
Dec 16 to Dec 16 1939
 that I last saw him alive on Dec 16 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Senility
 Due to _____
 Due to _____

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

Major findings: Deafness Mellitus

Of operations _____

Of autopsy

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) No

(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 J. P. Duckell (M. D. or other) _____

Address Moberly Mo Date signed 12/16/39

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.

1 X1951

RECEIVED

District Health Officer No. 10

District File Number 1-40-159

Date Filed JAN 11 1940

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, above space should be left blank.