DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10497 8

Registration District No. 117 Primary Registration District No. 5167 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Camden Co.
(b) City or town Camdenton Rural ~~Box~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Box 182
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ___ (Specify whether
In this community 3 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Camden
(c) City or town Camdenton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Box 182
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ___ years.

3. (a) PRINT FULL NAME George Howard Hibbs
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 May Viola Hibbs 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May (Month) 5 (Day) 1869 (Year)

8. AGE: Years 70 Months 10 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Columbus (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired R.R. Express
11. Industry or business Messenger
FATHER
12. Name ? ~~Boy~~ Hibbs
13. Birthplace ? (City, town, or county) Ind ? (State or foreign country)
MOTHER
14. Maiden name Anna ?
15. Birthplace ? (City, town, or county) ? (State or foreign country)
16. (a) Informant's own signature May Viola Hibbs
(b) Address 2522 Cypress. K.C. Mo
17. (a) ___ (Burial, cremation, or removal) (b) Date thereof ___ (Month) (Day) (Year)
(c) Place: burial or cremation K.C. Mo. Mt Moriah Cem.
18. (a) Signature of funeral director Bankson-Woolery
(b) Address Camdenton. Mo
19. (a) 3/22/1940 (Date received local registrar) (b) Lizzie Keller (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 10
year 1940 hour 1:00 minute 4 M.
21. I hereby certify that I attended the deceased from 3-9-1940 to 3-10-, 1940, to ___, 19__;
that I last saw him alive on 3-10-, 1940;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | Max Known |
| Due to Arteriosclerosis | Max Known |
| 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) 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? 11 ?
(Specify type of place)
While at work? ___ (e) Means of injury ___
23. Signature [signature] (M. D. or other)
Address Camdenton Mo Date signed 3-10-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 7,
District Number 4-40-659
Date Filed 4-12-40

SEP 21 1945

**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 Tobie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.**