

No. 2
11-10-39
I 21482

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 & 1/2 hours
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R F D # 6 Moberly
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ovetta Belle Kribbs

(b) If veteran, name war none (c) Social Security No. none

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

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 9, 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 9 10 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business 0

MOTHER FATHER { 12. Name Frank Kribbs

13. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Madeline Price

15. Birthplace Monroe Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Kribbs

(b) Address RFD # 6 Moberly Missouri

17. (a) Burial (b) Date thereof Nov. 21, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Swan Funeral Home

(b) Address 215 So. 4th St. Moberly Mo.

19. (a) Nov 21-40 (b) Seah Dilleaus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1940 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 18, 1940 to Nov 19, 1940
that I last saw her alive on Nov 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia

Due to Streptococcus sore throat

Other conditions 115
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy Y

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence _____

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 925

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

23. Signature J.P. Allen M.D. (M. D. or other)

Address Clairmont Date signed Nov 20

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2359

Date Filed DEC 17 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 R. M. Carter

Licensed Embalmer No. 4117

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.