

No. 2
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X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24606**

FILED AUG 11 1941

85

5127

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Post Was.ington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Northwest of St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 20 years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan **011**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles NW St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME James Nathaniel Kibbey

3. (b) If veteran, name war none / 3. (c) Social Security No. none

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

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

7. Birth date of deceased Feb. 23 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Eau Claire, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Welfare Board

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 16, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) July 16, 1941 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1941 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased on
July 13 1941 to _____ 19____;
that I last saw him alive _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage **1 day**
General Arterio Sclerosis **2 yrs**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) Caronty

Address 404 So 3d Date signed 7/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OS

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 _____

Carl W. Hause

Licensed Embalmer No. *3955*

P. O. Address. *St. Joseph, 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, fact should be so stated above.