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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1941

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 203

State File No. 27775

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES FREDERICK BIBB

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 6 (Day) 1867 (Year)

8. AGE: Years 74 Months Days 19 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Cement or

FATHER
12. Name Robert Bibb
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Drake
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Mary Bibb

(b) Address Warsaw, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director White Reser

(b) Address Warsaw Missouri

19. (a) Aug 2-41 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1941 hour 7:30 minute PM M.

21. I hereby certify that I attended the deceased from July 24, 1941, 19, to July 25, 1941, 19; that I last saw him alive on July 25, 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 3 hrs.

Due to none

Due to none

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

94B

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)

(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 Cusc Salley (M. D. or other) DO

Address Warsaw Mo Date signed 7/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1573
Date Filed 9-3-41

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 John G. Keser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.