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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 10 1941 5

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 27804

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo Metho Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dekalb 32 3

(c) City or town Stewartsville (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 Louella Kibbey

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex 1 F

5. Color or race White

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

6. (b) Name of husband or wife Ianthis Irwin

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

7. Birth date of deceased August (Month) 27 (Day) 1867 (Year)

8. AGE: Years 73 Months 11 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Clinton County Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William C Wilkinson
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Close
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Earl W Kibbey

(b) Address Stewartsville Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville

18. (a) Signature of funeral director J G Lyon

(b) Address Stewartsville

19. (a) Aug. 4-1941 (Date received local registrar) (b) H. J. Nestlebush O (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1941 hour 9 minute 07 A.M.

21. I hereby certify that I attended the deceased from Aug. 3, 41, 19..., to Aug 4, 1941, that I last saw her alive on Aug 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hyper Tension & arteriosclerosis

Due to Chr Nephritis

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

Major findings: Of operations None

Of autopsy None

Duration

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) none

(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 J. G. Thompson Jr. (M. D. ~~or other~~) M.D.

Address 825 Charles St Joseph Mo Date signed 8/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 Darell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.