

13-40
7-39
K23159

FILED SEP 10 1941 8
Registration District No. 8

Primary Registration District No. 5726

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural Twelve Mile Top
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: T
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison ⁶²

(c) City or town Near Cold Water Mo ⁰
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Linda Lou Tibbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1941 hour 7:5 minute 308 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

21. I hereby certify that I attended the deceased from Aug 20, 1941, to Aug 23, 1941.
that I last saw her alive on Aug 20, 1941, and that death occurred on the date and hour stated above.

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

7. Birth date of deceased: Aug. 20 - 1941
(Month) (Day) (Year)

Immediate cause of death Most probably an embolism

Due to _____

Due to _____

8. AGE: Years _____ Months _____ Days 3 If less than one day hr. _____ min. _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Madison Co. O Mo
(City, town, or county) (State or foreign country)

1600

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Luther Tibbs

13. Birthplace Wayne Co. O Mo
(City, town, or county) (State or foreign country)

14. Maiden name Edith Kennedy

15. Birthplace Wayne Co. O Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant M. B. Kennedy

(b) Address Cold Water Mo

17. (a) Burial (b) Date thereof Aug 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lodi Mo

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? _____

18. (a) Signature of funeral director Ed. Hulett

(b) Address Fredericktown Mo

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

19. (a) Aug 24 1941 (b) S. C. Blangsted
(Date received local registrar) (Registrar's signature)

23. Signature M. B. Bashin (M. D. or other) M. B.

Address Fredericktown Mo Date signed 8-29-41

4-81

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

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.....
was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ed. Hebbel

Licensed Embalmer No. *731*

P. O. Address *Frederick town*

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.