

Registration District No. 218

Primary Registration District No. 3015-

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Cooper, Mo
 (b) City or town Boonville, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 days (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan, Mo
 (c) City or town Versailles, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOLA HIBDON

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

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cloris Hibdon 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased Mar 5 1902
 (Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jasper Harsner

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

14. Maiden name Josephine Bittel

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

16. (a) Informant Cloris Hibdon

(b) Address Versailles Mo

17. (a) burial (b) Date thereof 10-2-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director W. T. Kephell

(b) Address Versailles Mo

19. (a) 10-1-41 (b) D. Cooper
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1941 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 2, 1941 to Sept 30, 1941, that I last saw her alive on Sept 30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia (postoperative) Duration 2 days
 Due to Small bowel obstruction following hysterectomy 20 days
 Due to for malignant uterus ?

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

Major findings: Malignant Uterus Of operations Small Bowel obstruction. Of autopsy _____

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? _____

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

23. Signature W. Blankenship (M. D. or other) W.M.D.
 Address Boonville Mo Date signed 9-30-41

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

MOTHER FATHER

12-11-01

RECEIVED
District Health Officer No. 8,
District File Number
10-14-01
Date Filed

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 *A. J. Kimmel*

Licensed Embalmer No. 1596

P. O. Address *Versailles*

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

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