

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35406
Registrar's No. 14

FILED OCT 27 1941

Registration District No. 500

Primary Registration District No. 4303

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

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Laclede
(c) Name of hospital or institution: West Laclede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Laclede, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Edna Catherine Libby

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: L.W. Libby 6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: July 26, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 16 If less than one day hr. _____ min. _____

9. Birthplace: Linn, County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: Edward T. Roberson

13. Birthplace: Linn Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Cora Murrain

15. Birthplace: Linn Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: L. W. Libby

(b) Address: Laclede, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 14 1941
(Month) (Day) (Year)

(c) Place: burial or cremation: Laclede, Mo.

18. (a) Signature of funeral director: W. S. Shaw
(b) Address: Laclede, Mo. L. NO. 2876

19. (a) Sept. 13, 1941 (Date received local registrar) (b) W. S. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1941 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug. 15th, 1941, to Sept. 11th, 1941; that I last saw her alive on Sept. 11th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis Duration 36 hrs.
Due to: Chronic interstitial nephritis

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

Major findings: _____
Of operations: _____
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) L
(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: Daniel A. Linn (M. D. or other) D.O.
Address: Laclede, Mo. Date signed: Sept. 13, 1941

(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 Me
W.G. Thorne, Registered Apprentice No. 2876
working under my personal supervision.

Signed 

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.