No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35564

Registration District No. 589 Primary Registration District No. 434-5,8,A-5,8,B Registrar's No. 4

1. PLACE OF DEATH:

(a) County Montgomery

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community all of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery 70

(c) City or town Jonesburg Mo. (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Adolph Conrad Kribben

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec. (Month) 9 (Day) 1855 (Year)

8. AGE: Years 85 Months 10 Days If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) OMO (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Kribben
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Emma Reissmann
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs R. A. Patterson

(b) Address Jonesburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 (Month) (Day) 1941 (Year)

(c) Place: burial or cremation Jonesburg MO

18. (a) Signature of funeral director C. A. Harding

(b) Address Jonesburg Mo.

19. (a) Oct 28 1941 (Date received local registrar) (b) Elizabeth Warner (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 9 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Aug 1, 1941 to Oct 9, 1941, that I last saw him alive on Oct 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilitation Rt. Ventricle of Heart	1 day
Due to Carcinoma head pancreas	8 MO
Due to Institial nephritis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

469

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 James O. Helms (M. D. or other) 0

Address New Florence MO Date signed 10-22-41

517 (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, Registered Apprentice No.

working under my personal supervision.

Signed G. A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, Mo.

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

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