

No. 2  
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5-17-39  
622390

41388

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JAN 7 1942 85

Primary Registration District No. 1001

Registrar's No. 1225

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:  
St Joseph Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 10 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2612 Patee  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25  
year 1941 hour 6 minute 10 A.M.  
21. I hereby certify that I attended the deceased from on  
Dec 25 1941 to \_\_\_\_\_ 19\_\_\_\_;

that I last saw \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Casual skull fracture 1 day.  
Fracture two ribs left side  
Fracture right ankle  
Due to hemorrhage  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Man was fatally injured  
while driving his car  
which collided with another  
car in the intersection  
of 22nd and Francis sts.  
Of autopsy: NOT  
Underline the cause to which death should be charged statistically.

2. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify accident)  
(b) Date of occurrence Dec 24 - 1941  
(c) Where did injury occur: St Joseph Buch, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Intersection of 22nd and Francis sts.  
While at work? no (Specify type of place)  
(e) Means of Injury Automobile  
Signature H F Mundy (M. D. or Coroner)  
Address 404 403d Date signed 12/27/41

3. (a) PRINT FULL NAME Arthur E. Tibbetts

3. (b) If veteran, name war World War 3. (c) Social Security No. 491-09-4338

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

6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 8 (Month) 8 (Day) 1894 (Year)

8. AGE: Years 47 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stanberry Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Western Dairy Co.

12. Name Norace M. Tibbetts

13. Birthplace Manchester Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Schen

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant George Junker

(b) Address 2713 S. Edwards St. Joplin

17. (a) Burial (b) Date thereof 12-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Therman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) 12-27-1941 (b) St. J. Westburn  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

M

JAN 12 1942

JAN 5 1942

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**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.....

*Dec 25, 1941*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*John H. Hurley*

Licensed Embalmer No. *4056*

P. O. Address *St. Joseph, 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.