

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

49
2
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Arnold McKibban

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 Infant

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 25 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace La Mar Barton Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Dec. McKibban

13. Birthplace La Mar Barton Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Falkner

15. Birthplace La Mar Barton Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Father (above)

(b) Address La Mar

17. (a) Burial (b) Date thereof Dec 7, 1941
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dalton Cemetery

18. (a) Signature of funeral director Tomantz Funeral Home

(b) Address La Mar Mo

19. (a) 12-5-41 (b) Ed J. Jansen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton

(c) City or town Rural - La Mars
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-2
1941 to 12-5 1941;
that I last saw h. alive on 12-5-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Duration 12 ds

Due to meninges

Other conditions 6
(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) _____

(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 0

23. Signature [Signature] (M. D. or other) _____

Date signed 12/5/41

42-1-1118

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..... *Carl H. Mantz*

Licensed Embalmer No..... *7247*

P. O. Address..... *Ramoth, 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.