

No. 2  
4-12-40  
5-17-39  
X23

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42561

State File No.

Registration District No. 1475

Primary Registration District No. 5795

Registrar's No. 8

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

1. PLACE OF DEATH: MORGAN  
 (a) County MORGAN  
 (b) City or town RURAL - OSAGE TWP.  
 (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)  
 In this community 8 1/2 hrs years, months or days

3. (a) PRINT FULL NAME Betty Jean Hibdon  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race White 6. (a) Single, widowed, divorced, single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased 12 - 30 - 1941  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
8 hr. 30 min.

9. Birthplace MORGAN County Mo (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Everett Hibdon  
 13. Birthplace Camden Co. Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Rosetta Hoskett  
 15. Birthplace MORGAN Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Everett Hibdon  
 (b) Address VERSAILLES, MO

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)

(c) Place: burial or cremation Wesleyville, Mo  
 18. (e) Signature of funeral director Wesleyville, Mo

(b) Address VERSAILLES, MO  
 19. (a) 12-31-41 (b) Roy Berckstresser (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30  
 year 1941 hour 6 minute 45 P. M.  
 21. I hereby certify that I attended the deceased from 12/30  
 1941, to 12/30 1941,  
 that I last saw her alive on 12/30 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia with  
mother's influenza  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 159  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_  
 23. Signature J. L. Washburn (M. D. or other) MO  
 Address VERSAILLES, MO Date signed 12/31/41

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2136

Date Filed 1-12-42

**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.....

Body was not embalmed, Registered Apprentice No. ....  
working under my personal supervision.

Signed J. H. Adwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42561  
Registrar's No. ....

Registration District No. 1475

Primary Registration District No. 5795

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Rural  
(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  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Betty J. Hibdon

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

4. Sex. F 5. Color or race W 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Dec 30 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....  
(b) Address.....

17. (a) Burial (b) Date thereof 12-31-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 2-12-1942 (b) Ray Berkstresser  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....  
Year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
19....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....

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).....

(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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

5-42561