No. 2
-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5383

MAR 9 1942

Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 822

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 7400 CAMPBELL ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 7400 Campbell
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES W. HIBBARD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Inglebord F.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased MAR. (Month) 11 (Day) 1876 (Year)

8. AGE: Years 66 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Tennesee (City, town, or county) 1 (State or foreign country)

10. Usual occupation BookKeeper

11. Industry or business

FATHER
12. Name EDWARD
13. Birthplace ENGLAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Ann Reed
15. Birthplace Wales (City, town, or county) 4 (State or foreign country)

16. (a) Informant MRS. Charlotte Lightfoot

(b) Address West Salem Ohio.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof FEB. 26 1942 (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CREMATORY

18. (a) Signature of funeral director Harlan Roe

(b) Address 7406 Wornall Rd

19. (a) 2/28/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 24 year 1942 hour 2 P.M.

21. I hereby certify that I attended the deceased from 2-24-42, 1942, to ....., 19....
that I last saw him alive on ....., 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Carmen

Due to Extensive burns of entire body

Due to 180-1

Other conditions 15
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

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) Accident

(b) Date of occurrence 2-24-42 125

(c) Where did injury occur? K.C. (City or town) (County) Mo (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 Conflagration

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

Address K.C. Mo Date signed

(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 Harlyn Roe, Registered Apprentice No. ..... working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address K. C. Mo.

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

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