

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15290  
Registrar's No. 45

Registration District No. 718 Primary Registration District No. 6430

1. PLACE OF DEATH:  
(a) County FUTRAM  
(b) City or town UNIONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MONROE HOSPITAL & CLINIC  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 DAYS  
In this community 82 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County FUTRAM  
(c) City or town UNIONVILLE RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME MAHLON NICHOLAS HIBBS  
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 16  
year 1942 hour 6:30 minute 0 P. M.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ELLEN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEBRUARY 7 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21, 1942, to April 16, 1942  
that I last saw him alive on April 16, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>9</u>	hr. min.

Immediate cause of death  
Hemorrhage of bladder due to enlarged prostate  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace: IOWA (City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME  
11. Industry or business FARMER  
12. Name PHOENIX HIBBS  
13. Birthplace DONT KNOW? (City, town, or county) (State or foreign country)  
14. Maiden name Mrs. HUFFER  
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
16. (a) Informant's own signature Mrs. Edith  
(b) Address Unionville Mo.  
17. (a) BURIAL (b) Date thereof APRIL 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation UNION CHURCH CEMETERY  
18. (a) Signature of funeral director Comstock FUNERAL HOME  
(b) Address UNIONVILLE MO. by J.M. Comstock  
19. (a) 4-20-42 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically  
13

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature N.W. Hillman (M.D. or other) \_\_\_\_\_  
Address Unionville Mo. Date signed 4-20-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 5-42-1010

Date Filed MAY 15 1947

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

*John N. Comstock*

Licensed Embalmer No.

3891

P. O. Address

Theriville 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, above space should be left blank.