

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2991

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 11

74
1
2

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

1. PLACE OF DEATH:

(a) County: Nodaway

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

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

(d) Length of stay: In hospital or institution: 3 Weeks
(Specify whether years, months or days)

In this community: 3 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway

(c) City or town: Burlington Junction, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: (Rural)
(If rural, give location)

(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME: Daniel Lafayette Tibbetts

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 24 year: 1943 hour: 9 minute: 10 P.M.

21. I hereby certify that I attended the deceased from Dec 25, 1942, to Jan 24, 1943, that I last saw him alive on 1/24, and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Daisy Tibbetts

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

7. Birth date of deceased: August 17, 1867
(Month) (Day) (Year)

Immediate cause of death: *Elm. Cerebral arteriosclerosis*

Due to: *Elm. nephritis*

Due to: -----

Other conditions: *1318*
(Include pregnancy within 3 months of death)

8. AGE: Years: 75 Months: 5 Days: 7 If less than one day: ----- hr. ----- min.

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

10. Usual occupation: Farmer

11. Industry or business: -----

MOTHER FATHER

12. Name: Jefferson Tibbetts

13. Birthplace: Mass. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Smith

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

Major findings: Of operations: -----

Of autopsy: -----

PHYSICIAN: -----
Underline the cause to which death should be charged statistically.

16. (a) Informant: Roy Tibbetts

(b) Address: Kansas City, Missouri

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? -----

17. (a) Burial (b) Date thereof: 1/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mound City

18. (a) Signature of funeral director: *Price Funeral Home*

(b) Address: *Maryville Mo*

23. Signature: *R. F. ...* (M.D. or other) *MD*

Address: *Maryville Mo* Date signed: *1/25/43*

19. (a) 1-25-43 (b) *Mary Coile*
(Date received local registrar) (Registrar's signature)

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..... *J. M. Lee*

Licensed Embalmer No. *2539*

P. O. Address. *Manville 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.