

S. No. 2
M-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 2 1943

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **1666**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson⁵⁰

(c) City or town Hillsboro Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi N. E. of Hillsboro Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) N/R

If yes, name country

3. (a) PRINT FULL NAME HANNAH MARY WIBBLE

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1943 hour 2 minute 40 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 11 1864
(Month) (Day) (Year)

Immediate cause of death Dyspneastic Pneumonia
Fracture Left Leg When
Due to slip and fall at her
Home in Hillsboro Mo
on Feb 13 1943
Exact time unknown

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

Major findings: —
Of operations —

Of autopsy —

8. AGE: Years 78 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name William Hamilton

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

14. Maiden name Anna Becket

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

16. (a) Informant Mabel Howe

(b) Address Hillsboro Mo. Rt. 1

17. (a) Burial (b) Date thereof Feb. 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Mo. Rt. 1

18. (a) Signature of funeral director Donnell B. Ornduff

(b) Address Depto. M

19. (a) FEB 12 1943 (b) J. Z. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

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 150

(b) Date of occurrence 2-13-43

(c) Where did injury occur? Hillsboro Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (a) Means of injury fall

23. Signature Thomas F. Callahan (b) —
(M. D. or other)

Address Deputy Coroner Date signed 2-19-43

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.....

Donnell B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address.....

Debita 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.