No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5553

Registrar's No. 550

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: R.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 5816 E. 13th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Emma Tibbets

3. (b) If veteran, name war: No

3. (c) Social Security No. None

4. Sex: F

5. Color or race: Wh

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

6. (b) Name of husband or wife: John Tibbets

6. (c) Age of husband or wife if alive: 85 years

7. Birth date of deceased: April (Month) 1 (Day) 1862 (Year)

8. AGE: Years 80 Months 9 Days 29 If less than one day 30 hr. min.

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

10. Usual occupation: Home work

11. Industry or business:

FATHER 12. Name: William Carter

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

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: Sidney Tibbets

(b) Address: 6910 Monroe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 2-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: Pearce & Henderson

(b) Address: 15th & Jackson

19. (a) 2-1-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-24-43, 19__, to 1-31-43, 19__; that I last saw her alive on 1-31-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignancy of gastro-intestinal tract - not confirmed	
Due to: 4½ mo	
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: Amy R. Thorn (M. D. or other)

Address: Ed. Dir. K.C. Gen. Hospital 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....G. E. Henderson.....

Licensed Embalmer No.....3657.....

P. O. Address.....K. C. 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.