S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED FEB 16 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6928

Registration District No. 198 | Primary Registration District No. 4310 | Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Bevier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community: ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon
(c) City or town: Bevier
(If outside city or town limits, write "RURAL")
(d) Street No.: /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country: —

3. (a) PRINT FULL NAME: Anna Bibbs
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm Bibbs
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: 2 (Month) – 25 (Day) – 1909 (Year)

8. AGE: Years 33 | Months 10 | Days 4 | If less than one day: hr. min.

9. Birthplace: Ardmore (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
MOTHER FATHER
12. Name: John G. Gipson
13. Birthplace: Macon Co (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name: Anna Johnston
15. Birthplace: Nickelette (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: John G. Gipson
(b) Address: Bevier Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Oakwood
18. (a) Signature of funeral director: D. G. Edwards
(b) Address: Bevier Mo
19. (a) 1-22-43 (Date received local registrar) (b) Winnie J. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29, year 1942 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from Dec. 27, 1942 to Dec. 29, 1942 and that I last saw him alive on Dec. 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	7 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Interstitial Nephritis	
Major findings: Of operations:	3 / 5
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: Dr. E. H. Weidlich M. D. or other
Address: Bevier, Mo. Date signed:

1284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-282
Date Filed FEB 1 5 1943

JUN 12 1953

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.