U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18049

ED MAY 27 1943

Registration District No. 153 Primary Registration District No. 5574 Registrar's No. 3

48 0 0

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural, Van Buren Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 2 mi. N. Lone Jack
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ns (Specify whether years, months or days)
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi N Lone Jack
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JOSEPH F. HIBLER
3. (b) If veteran name war ✓
3. (c) Social Security No. ✓

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR (Month) 25 (Day) 1849 (Year)

8. AGE: Years 94 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Osage Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Henry Hibler
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Martha McQueen
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant F. W. Hibler
(b) Address Lone Jack Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Mo.
18. (a) Signature of funeral director F. M. Schick
(b) Address Lees Summit Mo.
19. (a) 5/16/43 (Date received by local registrar) (b) Mrs. Clifford Hunt (Registrar's signature)

1100

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 1943 hour 10:30 minute A.M.
21. I hereby certify that I attended the deceased from May 12, 1943, to May 15, 1943 that I last saw him alive on May 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Poisoning	
Due to Nephritis	
Due to N.M.D.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13212	
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 John C Hale D.O. (M.D. or other)
Address Lone Jack Mo. Date signed 5-15-43

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 R. M. Schick

Licensed Embalmer No. 1856

P. O. Address Lee's Summit

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.