

FILED AUG 6 1943
Registration District No. **232**

Primary Registration District No. **3017**

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

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - WATER STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **LIFE** _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **WATER STREET**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ABRAHAM LINCOLN SIBLEY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MELINDA SIBLEY** 6. (c) Age of husband or wife if alive **DECEASED**

7. Birth date of deceased **MAY 1 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 10 hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED TRUCK FARMER**

11. Industry or business **TRUCK FARMING**

MOTHER FATHER {
12. Name **UNKNOWN - John Sibley**
13. Birthplace **Unknown?**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **Unknown?**
(City, town, or county) (State or foreign country)

16. (a) Informant **FANNIE LEWIS**
(b) Address **BOONVILLE, MO**

17. (a) **BURIAL** (b) Date thereof **JULY 13, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**
(b) Address **BOONVILLE, MO.**

19. (a) **July 13-43** (b) **Dr Chas Swap**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **11**
year **1943** hour **2:45** minute _____ p. M.

21. I hereby certify that I attended the deceased from **June 1943** to **July 11 1943**
that I last saw him alive on **June 25 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chr. Degenerative Myocarditis**

Due to _____
Due to _____

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

Major findings: Of operations **131 f**
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged anatomically.

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **M L Deckerger** (M. D. or other) **M.D.**
Address **Boonville Mo** Date signed **7/13/43**

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-5-27

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 James W. Segner
Licensed Embalmer No. 3780

P. O. Address Boonville, 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.