

FILED AUG 12 1943

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Wenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callers Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 62 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luther Sibbit

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married 1 divorced Married
6. (b) Name of husband or wife Alpha Sibbit 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 27 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Grundy Co MO O
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Josiah Sibbit

13. Birthplace unknown Penn 1
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Roberts

15. Birthplace Harrison Co MO O
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Sibbit

(b) Address Tindell MO

17. (a) Burial (b) Date thereof July 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Evans Cem Andy Com

18. (a) Signature of funeral director Scholar's funeral Home

(b) Address Spickard MO

19. (a) 7-31-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 17 1943 to July 23 1943;
that I last saw him alive on July 23 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured gangrenous appendicitis
Due to (Operated July 17-1943)

Duration 4 days prior to operation

Other conditions (include pregnancy within 3 months of death) 12111

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature L. H. Callen M.D. (M. D. or other) _____
Address Wenton Mo. Date signed 7-24-43

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

40
1
2

JAN 13 1950

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 *Bob Wise*.....

Licensed Embalmer No. 3771.....

P. O. Address *Spickard 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.