

V. S. No. 2  
FORM-2-43  
Rev. 5-17-39  
U.S. I X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27346

1943 AUG 27 149

State File No. \_\_\_\_\_  
Registrar's No. 3596

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

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:  
4420 Scarritt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 56 yrs (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Samuel Willis Hibbs  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kate S. Hibbs 6. (c) Age of husband or wife If alive 72 years  
7. Birth date of deceased March 29 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 18 hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Retired Railway mail clerk

11. Industry or business Lambert Hills

MOTHER FATHER

12. Name Martha B. Simpson

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mrs. Kate S. Hibbs  
(b) Address 4420 Scarritt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 20 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address Kansas City, Missouri

19. (a) 8-20-43 (Date received local registrar) (b) W. E. Brown (Registrar's signature)

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. 4420 Scarritt  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.  
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from September 23 to Oct. 17, 1943  
that I last saw him alive on Aug 7, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans Duration 10 years  
Due to Injury - Railway accident  
(10 yrs. ago.)  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 87c

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 W. E. Brown M.D. or other \_\_\_\_\_  
Address 5909 Brookside Blvd Date signed Aug 17 1943

JAN 12 1944

Dr. L. R. Livingston

#000 5909 Brookside  
HI 4063

3 30

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 *Royal C. Browning*

Licensed Embalmer No. *2724*

P. O. Address. *R. C. No*

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.