

FILED SEP 9 1943

Registration District No. 9

Primary Registration District No. 5222

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Polair
(If outside city or town limits, write "RURAL" and name of township) ✓
(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 47 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles W.W. of Freeman
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRIMARY FULL NAME

Mark Filmore Tribby

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 M.
6. (b) Name of husband or wife Nathelie Loan Tribby
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased 11 9 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 26 year 1943 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from August 21, 1943, to August 26, 1943
that I last saw him alive on August 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis?
Duration _____

8. AGE: Years 86 Months 9 Days 15
If less than one day _____ hr. _____ min.

Due to Senility

9. Birthplace Melchior Co. Ky
(City, town, or county) (State or foreign country)

Other conditions Arenia, Asymptotically Prostat
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name John Tribby
13. Birthplace no record 9
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Rimes
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Tribby
(b) Address Freeman Mo

17. (a) Burial (b) Date thereof Aug 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director Warronville
(b) Address Warronville Mo

19. (a) September 7 43 (b) Margaret Valle
(Date received local report) (Registrar's signature)

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 Martin V. Robbins (M. D. or other) MD
Address Paecilior, MO Date signed 9/2/43

1847

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

MAR 31 1949

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, personally

.....; Registered Apprentice No.
working under my personal supervision.

Signed Floyd Wilkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.