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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29596

LED SEP 4 1943

Registration District No. 562

Primary Registration District No. 453-6234

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Truesdale  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Truesdale  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Ann VanBibber

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16  
year 1943 hour 10:00 minute A.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. T. VanBibber

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 18 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1  
1943, to August 16, 1943;  
that I last saw him alive on August 15, 1943;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>10</u>	<u>28</u>	hr. min.

Immediate cause of death Uremia convulsions

Duration 6 days

9. Birthplace Warren County Mo.  
(City, town, or county) (State or foreign country)

Due to diabetes, albuminuria & threatened gangrene of feet.

Due to don't know

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

Physician long

11. Industry or business

12. Name Henry Bakameyer

Major findings: Of operations 61

Of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

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

14. Maiden name Ida Irene Goodall

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

W. T. VanBibber

16. (a) Informant Truesdale, Mo.

(b) Address Burial

17. (a) (b) Date thereof 8-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

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?

18. (a) Signature of funeral director F. W. Meberg & Co  
Warrenton, Mo.

(b) Address.....

While at work (Specify type of place) (Means of injury)

23. Signature John A. Behrmeyer (M. D. or R. N.)

Address Warrenton, Mo. Date signed Aug. 18, 1943

19. (a) Aug. 27 1943 (Date received local registrar)

(b) John A. Behrmeyer (Registrar's signature)

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

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109

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MOTHER, FATHER

1264

(Licensed Embalmer's Statement on Reverse Side)

1943

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**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, ~~OK by~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John F. Hueburg*

Licensed Embalmer No.....

*3897*

P. O. Address.....

*Warrenton, 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.**