

S. No. 2
M-54
7-5-43
1-132873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29631

State File No.

FILED AUG 28 1943

Registration District No. 372

Primary Registration District No. 6270

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Joseph M. Dibble

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Laura Dibble

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

7. Birth date of deceased April - 11 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>12</u>	<u>x</u> hr. <u>x</u> min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

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 Mrs. Laura Dibble

(b) Address Niangua, Missouri

17. (a) Burial (b) Date thereof 7-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Cemetery

18. (a) Signature of funeral director Marshall, Mo.

(b) Address Marshall, Mo.

19. (a) 8/10/43 (b) Clare C. Sherren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1943 hour 6:15 minute A.M.

21. I hereby certify that I attended the deceased from July 30th
1943 to July 23rd 1943
that I last saw him alive on July 22nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chancer of color

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46e

Major findings:
Of operations

Of autopsy

Duration 39.20.

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?

(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 E. S. Updegrave (M. D. or other)

Address

Date signed

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

RECEIVED

District Health Officer No. 6

District File Number

843-949

Date filed

AUG 2 1943

SEP 8 1943

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 _____

Licensed Embalmer No. 312

P. O. Address Marshfield, 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.