

BUREAU OF THE CENSUS 1943
FILED DEC 6 42

State File No. _____

Registrar's No. 1233

Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1712 Sycamore Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 011
(c) City or town Saint Joseph, 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1712 Sycamore Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Libby,

3. (b) If veteran, name war None, 3. (c) Social Security No. 500-10-456

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Mabel Ines Libby, 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 19, 1884
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Linneus, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver,

11. Industry or business Construction Co.

12. Name Lames Libby,

13. Birthplace Unknown, Ohio, 1
(City, town, or county) (State or foreign country)

14. Maiden name Jame Bowen, Ohio,

15. Birthplace Unknown, Ohio, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Libby,
(b) Address 1015 South 12th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Bowen
(b) Address 319 So. 10th. Street, Home

19. (a) 11/4/43 (Date received local registrar) (b) Arle Skizog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1943 hour 12:00 minute 10 a. M.

21. I hereby certify that I attended the deceased from Nov 2
1943 to Nov 2 1943
that I last saw him alive on Nov 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hr.
Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

94a

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 H. W. Kenney (M. D. certifier)
Address St Joseph Mo Date signed 11-2-43

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

MOTHER FATHER

1233

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 Chas Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.