

FILED FEB 10 1944

Registration District No. _____

Primary Registration District No. 2137

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Aurvasse, Mo. Aurvasse
(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 _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary Isobelle Mc Ribben

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Oct 2 1850
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace W. Va. Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Baden
13. Birthplace W. Va. Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Sue Ann Settler
15. Birthplace W. Va. W. Va. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Mc Ribben
(b) Address Aurvasse, Mo.

17. (a) Burial (b) Date thereof Jan 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta

18. (a) Signature of funeral director Hughes Maupin
(b) Address Aurvasse, Mo.

19. (a) 1-9-1944 (b) Joyce Mouschhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1944 hour 1 minute 10 AM.

21. I hereby certify that I attended the deceased from 12-23-43 to Jan 7 1944 that I last saw him alive on Jan 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Alpha State pneumonia

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 L. B. Nichols (M. D. or other) _____
Address Aurvasse, Mo. Date signed 1-8-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 15 1954

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 *Hughes Manpin*
Licensed Embalmer No. *2358*
P. O. Address *Aux Vasse, 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.

Registration District No. 47

Primary Registration District No. 5757

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Andrewsburg
(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 _____ years, months or days

3. (a) PRINT FULL NAME Mary J. McKibben

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Oct 2 (Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: hypostatic pneumonia
Broncho.

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 B.B. Nichols (M. D. or other) _____

Address Quincy, Mo. Date signed 2-12-44

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

SUPPLEMENTARY

FILED

2307