

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3204  
State File No. \_\_\_\_\_  
Registrar's No. 4

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution Freeman  
(d) Length of stay: In hospital or institution 30 hrs.  
In this community 30 hrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Cherokee  
(c) City or town Salina  
(d) Street No. 505  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Elizabeth Kibler  
(b) If veteran name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 1  
year 1944 hour 7 minute A.M.

4. Sex Female  
5. Color or race W.  
6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Gene Kibler  
6. (c) Age of husband or wife if alive years 28 - 1878  
7. Birth date of deceased Feb 28 - 1878

21. I hereby certify that I attended the deceased from Dec 31 1943 to June 1 1944  
that I last saw him alive on Dec 31 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 10 Days 3  
If less than one day hr. min.

ImmEDIATE cause of death Coronary Thrombosis  
Due to Arterio Sclerosis  
Duration 30 hrs

9. Birthplace Joplin, Mo.  
10. Usual occupation Prof.

Other conditions: None  
Major findings: S3a

11. Industry or business \_\_\_\_\_  
12. Name William Bellar  
13. Birthplace Platte County, Mo.  
14. Maiden name Margaret Bellar  
15. Birthplace Cabin Creek, Okla.

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

16. (a) Informant Beba Marie Bellar  
(b) Address 2511 Wandalia, Joplin, 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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Removal Date thereof 1-1-44  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

23. Signature H. Kibler  
Address Joplin, Mo. Date signed 1-3-44

19. (a) 1-3-44 (b) J. H. Kibler  
(Date received local registrar) (Registrar's signature)

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

19  
2  
5

44-1-8

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 me

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

Signed Ray N. Shewmake

Kansas Licensed Embalmer No. 1998

P. O. Address Galena, Kansas

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.