

FILED FEB 23 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural, Prairie View  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 yrs. (Specify whether  
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little Blue, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Louis Libby

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
\_\_\_\_\_ years  
7. Birth date of deceased June 12 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

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 Ronald J. C. Home  
(b) Address Little Blue, Mo.

17. (a) Anatomical (b) Date thereof 1-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCall's Rest & Burial Home

18. (a) Signature of funeral director H. B. Langford

(b) Address Lee's Summit, Mo.

19. (a) Jan 25, 1944 (Date received local registrar) (b) F. M. Schlich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1944 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from 8-3, 1943 to Jan 23, 1944  
that I last saw him alive on Jan 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myo carditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 93d  
(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 fall

23. Signature J. W. Greene (M.D. or other)

Address Independence Date signed 1/24/44

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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, or by.....

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

Signed W. Langford  
Licensed Embalmer No. 3833  
P. O. Address Leis Summit

**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.**