

S. No. 2
OM-2-43
v. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11850**

Registration District No. **12194**

Primary Registration District No. **3056**

Registrar's No. **60**

88
66
3

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

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **McCormick Hospital**
(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 **Maude B. Sibbitt**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Albert C. Sibbitt**

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

7. Birth date of deceased **March 27th 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	4	hr. _____ min.

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER

12. Name **Luther Norris**

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

14. Maiden name **Amanda Lightner**

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

16. (a) Informant **A. C. Sibbitt**

(b) Address **Moberly**

17. (a) **Burial** (b) Date thereof **mch 3rd 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Mahow and Son**

(b) Address **Moberly Mo**

19. (a) **3/3/44** (b) **Irma Sewell**
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

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

(d) Street No. **103 E. Coates**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1st**
year **1944** hour _____ minute **20** P. M.

21. I hereby certify that I attended the deceased from **Apr 10** 19**40** to **March 1** 19**44**
that I last saw her alive on **Feb 29** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal Hemorrhage**

Due to **Calcemona Intestinalis**

Duration
4 days
2 yrs

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Buy. D. Dally** (M. D. or other) _____
Address **203 1/2 N. Black Moberly Mo** Date signed **3-3-44**

1056

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1950

RECEIVED

District Health Officer No. 10

Series No. 4-44-261

on ~~file~~ APR 11 1944

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 Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.