

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(c) Name of hospital or institution: 1204 Gulf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar (If outside city or town limits, write "RURAL")
(d) Street No. 1204 Gulf (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DeLos McKibben
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie McKibben 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 11, 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
year 1945 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Jan 8-45, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 8 Days 0 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration _____
Due to _____
Due to _____
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings: 83.0
Of operations ✓
Of autopsy ✓
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Marshall County, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
12. Name John McKibben
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Dennis
15. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mrs. Nettie McKibben
(b) Address 1204 Gulf Lamar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oakton Cemetery, Oakton, Mo.
18. (a) Signature of funeral director Gibson Funeral Home
(b) Address 1201 Broadway Lamar, Mo.
19. (a) 1-12-45 (Date received local registrar) (b) [Signature] Registrar's signature

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 Q
23. Signature [Signature] (M. D. or other)
Address Lamar Mo. Date signed 1-11-45

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

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.....

C. W. Johnson

Licensed Embalmer No. 2299

P. O. Address. 1201 Broadway
Lamar, 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. 15

Primary Registration District No. 3004

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1204 Gulf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

DeLas McKibben

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nettie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 11
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 17 If less than one day, _____ min.

9. Birthplace Marshall Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John McKibben

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

14. Maiden name Rebecca Dennis

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

16. (a) Informant ms Nettie McKibben

(b) Address 1204 Gulf Lamar, Mo.

17. (a) Burial (b) Date thereof 1-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cemetery

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 1204 Gulf
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 11
year 1945 hour 11:20 minute _____ M.

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

Immediate cause of death Cerebral hemorrhage

Duration _____

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 J. J. Bickel (M. D. or other) MO.

Address Lamar, Mo Date signed 1-14-45

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

6930

Supplemental

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 345-373

Date Filed

MAR 29 1945