

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Henry
(b) City or town 804 E. Franklin St., Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
804 E. Franklin St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community All of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 804 E. Franklin
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Elmer Johnson Tribble

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased April 16 1920
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Montrose, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation none

11. Industry or business Thomas Marian Tribble

12. Name Thomas Marian Tribble

13. Birthplace Wagon Co., Ill. (City, town, or county) (State or foreign country) 1

14. Maiden name Hattie Whitechurch

15. Birthplace Ill. (City, town, or county) (State or foreign country) 1

16. (a) Informant Lee Cook
(b) Address Clinton, Mo.

17. (a) F. B. Englewood (b) Date thereof Feb. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus & Peck
Clinton, Mo.

(b) Address _____

19. (a) Feb. 26, 1945 (b) Dery Kitchen, Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 16 1945 to Feb. 24 1945.
that I last saw him alive on Feb. 24 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary tuberculosis Duration 4 years

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) No

(b) Date of occurrence _____

(c) Where did injury occur? 45 (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 CS

23. Signature S. B. Hughes (M. D. or _____)

Address Clinton, Mo. Date signed Feb. 26, 1945

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

12
1
2

RECEIVED

Cert. No. 7

2-45-196

Date Filed

2-9-63

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

R. R. Kenney

Licensed Embalmer No. *mw 3099*

P. O. Address. *Clinton 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.