V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8839

Registration District No. FILED APR 5 1945

Primary Registration District No.

Registrar's No. 1363

48
3
8

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 132 CYPRESS AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----
In this community 45 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 132 CYPRESS AVENUE 3
(If rural, give location) 8
(e) Citizen of foreign country? 55 YRS in U.S. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. JOHN TIBBLES
3. (b) If veteran, name war NO
3. (c) Social Security No. 492-14-6679
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ELIZABETH TIBBLES
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased MARCH (Month) 11 (Day) 1860 (Year)

8. AGE: Years 79 | Months 0 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace WATFORD (City, town, or county) ENGLAND (State or foreign country)
10. Usual occupation INSTRUCTOR
11. Industry or business K.C. PUBLIC SERVICE Co
FATHER
12. Name UNKNOWN TIBBLES
13. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant Mrs. Elizabeth Tibbles
(b) Address 132 Cypress Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 3-24-45 (Date received local registrar) (b) G. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1945 hour 7 minute 15 a.m.

21. I hereby certify that I attended the deceased from Sept-4, 1944, to Mar-22, 1945 that I last saw him alive on Mar-21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	6 Mo
Due to	
Due to	
Other conditions: Diabetes Mellitus	
(Include pregnancy within 3 months of death) Arteriosclerosis	
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 G C Remley (M.D. or other)
Address 832 Argyle Bldg. Date signed 3-22-45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.