U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16753

FILED JUN 14 1945
Registration District No.

Primary Registration District No. 4170

Registrar's No. 40

2006

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

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Union Star, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeKalb 32
(c) City or town Union Star, Mo C
(If outside city or town limits, write "RURAL") C
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DORA B. KIBBEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar H Kibbey
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb 26, 1883
(Month) (Day) (Year)

8. AGE: Years 62 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Andrew County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Henry C. Adams
13. Birthplace Ria County (City, town, or county) Mo (State or foreign country)
14. Maiden name Margaret Varvel
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Edgar H. Kibbey
(b) Address Union Star, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Union Star Mo
18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo
19. (a) 6-3-45 (Date received local registrar) (b) John Clapp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1945 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Apr 1 1945 to May 26, 1945;
that I last saw her alive on May 26 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 950
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 C M Reynolds (M. D. or other)
Address Union Star Mo Date signed 5-27-45

1378 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1,
District File Number
Date Filed

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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.