

FILED JAN 15 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 119

1. PLACE OF DEATH:

(a) County CALLAWAY  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: STATE HOSPITAL #12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DA.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEW BLOOMFIELD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALEMIA A. McKibben

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married; divorced MARRIED

6. (b) Name of husband or wife Robt. McKibben 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased OCT 11 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WARREN Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name HENRY KLINE

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

14. Maiden name WIKEMIA HOFTING

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

16. (a) Informant Robt. McKibben

(b) Address Fulton, MO

17. (a) BURIAL (b) Date thereof DEC. 29 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WELLSVILLE, MO

18. (a) Signature of funeral director Glen J. Maupin

(b) Address Fulton, Mo.

19. (a) Dec 29 1945 (b) Josie Morischoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1945 hour 5 minute 15 PM

21. I hereby certify that I attended the deceased from Dec 25 to Dec 27, 1945

that I last saw her alive on Dec 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Atherosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy gfw

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 George J. Wood (M. D. or other) \_\_\_\_\_

Address Fulton Date signed 12/29/45

Duration 48 hours  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-46

SEP 17 1953

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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 Glen Y. Maujan

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.