S. No. 2
M—2-43
v. 5-17-39
1 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

FILED JAN 11 1946

State File No. 41001

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette, Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country -------

3. (a) PRINT FULL NAME Stella Berkley Bibbs

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Al Bibbs (c) Age of husband or wife if alive ---- years

7. Birth date of deceased November (Month) 6 (Day) 1865 (Year)

8. AGE: Years 80 Months 0 Days 22 If less than one day ---hr. --- min.

9. Birthplace Howard County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name Charles Berkley
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ann E. Patterson
15. Birthplace Howard County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Will Berkley
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) Dec 11-45 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1945 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from August 24, 1945, to Nov. 28, 1945; that I last saw her alive on November 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	2 weeks
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Ziegler (M. D. or other) MD

Address Boonville, Mo. Date signed 11-28-45

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(Licensed Embalmer's Statement on Reverse Side)

1-9-46

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. Ralph A. Cass

Licensed Embalmer No. 3340

P. O. Address Fayette 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.