

FILED JAN 9 1946

Registration District No. 7

Primary Registration District No. 3032

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
121 South St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 20 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Hollie Ellen Hibbs

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

4. Sex Female 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 Mar. 7 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Samuel Hibbs

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

14. Maiden name Louisa Jane Longmire

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

16. (a) Informant Sam Hibbs

(b) Address 121 South St.

17. (a) Burial (b) Date thereof 12-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greer Cem.

18. (a) Signature of funeral director Sweemey Phillips

(b) Address Warrensburg Mo.

19. (a) Dec 10 1945 (b) Savannah Crutchfield
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 121 South 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 8
year 1945 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from August
19 40 to 12-8 19 45

that I last saw him alive on 12-8 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of rt leg
a metastasis Duration 8 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 554

Major findings: Biopsy showed
Of operations sarcoma

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) (c) Means of injury _____

23. Signature R. Leeborn M. D. 12-10-45
Address Warrensburg Mo. Date signed _____

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

2
43
39
135697

MOTHER FATHER

1680

FEB 4 1946

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.