

X 35697

Registration District No. **JAN 21 1946**

Primary Registration District No. **3001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. **708 West 25th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Truman P. Kibble**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **9**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **86** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **No record**

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

14. Maiden name **No record**

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

16. (a) Informant **Mrs Housewright, neighbor**
(b) Address **Joplin, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-20-45** (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **PARKER-HUNSAKER**
(b) Address **1502 Joplin, Mo**

19. (a) **12-22-45** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19** year **1945** hour **7** minute **30** a. m.

21. I hereby certify that I attended the deceased from **Dec 13**, 1945, to **Dec 18**, 1945, that I last saw him alive on **Dec 18**, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to _____

Due to _____

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

Major findings: Of operations **108**
Of autopsy _____

Duration _____
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) _____ (Country) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **MD**
Address **Joplin, Mo** Date signed **12-20-45**

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

7
2
5

184

MOTHER FATHER

158

45-12-1019

on 7-19

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.