

Registration District No. **510**

Primary Registration District No. **5795**

Registrar's No. **27**

**1. PLACE OF DEATH:**

(a) County **Mercer**  
 (b) City or town **Rural (Somerset)**  
(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 years, months or days)  
 In this community **67 yrs., 8 Mos., 8 days**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Mercer** **65**  
 (c) City or town **Rural** **1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME**

**Lulu Mae Cribb**

(b) If veteran, name war.....

(c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married** /

(b) Name of husband or wife **Mathew H. Cribb**  
 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased: **July 28 1878**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **8**  
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Own Home**

MOTHER FATHER

12. Name **John Q. Adams**

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

14. Maiden name **Sarah Donnelson**

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

16. (a) Informant **Mathew Cribb**  
 (b) Address **Mercer Mo.**

17. (a) **Burial** (b) Date thereof **Apr. 8, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **O. P. Shuler**

(b) Address **Lineville Iowa**

19. (a) **4-17-46** (b) **Frank Mathew**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **6**  
 year **1946** hour **7** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 30**  
 19**46** to **April 6** 19**46**  
 that I last saw her alive on **April 6** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, lobar whole left lung**  
 Duration **8 days**

Due **Complicated by cardio-vascular renal degeneration** **10 yrs**

Due to **With special reference to the degree of kidney involvement.**

Other conditions **Toxic goitre**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

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) **Natural causes**

(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 **A.S. Bristow, M.D.** **8** (M: D. or other)

Address **Bristow Eldg Princeton, Mo** Date signed **4/8/46**

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 *Armed L. Grunler*

Licensed Embalmer No. *3967*

P. O. Address *Linnville, 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.**

Registration District No. 210 Primary Registration District No. 5775

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Lulu Mae Giebt

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 m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased July 28  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

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

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

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

Major findings:  
Of operations \_\_\_\_\_

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? Mercer Mercer Mo  
(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) \_\_\_\_\_ (e) Means of injury Fall in

23. Signature A. J. Brister (M. D. or other) \_\_\_\_\_

Address Princeton, Mo Date signed 9/10/46

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

SUPPLEMENTARY

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