

S. No. 2
M-2.43
5-17-39
K35697

FILED JUN 10 1946

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 1/2 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davess 31
(c) City or town Pattonsburg Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie B Hibbs

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude Hibbs 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 5 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Hix
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Olive Higginbotham
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Claude Hibbs
(b) Address Pattonsburg Mo.

17. (a) Rural (b) Date thereof May 5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pattonsburg Mo.

18. (a) Signature of funeral director Jack Fisher
(b) Address Pattonsburg Mo.

19. (a) May 4, 1946 (b) Baroline Butcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from 11 am May 3 1946 to 9 am 5-3 1946
that I last saw him alive on May 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to diabetes mel
Due to vascular disease
Other conditions Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 1
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 DM
23. Signature J. E. Boyd (M. D. or other) Pattonsburg
Address Excelsior Springs Date signed 5-4-46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-7-46

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 Joe L. Grimes

Licensed Embalmer No. 3022

P. O. Address Pattonsburg 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.