

S. No. 2
OM-2-43
v. 5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **16413**

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Night Memorial Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Trenton MO RFD #5
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME BERT ORVILLE TIBBETTS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Nov 6 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>12</u>	hr. _____ min.

9. Birthplace Henry Co Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business self

12. Name Samuel Tibbets

13. Birthplace Burlington Iowa 1
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Westfall

15. Birthplace Ill-1
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Tibbets

(b) Address Burnson Mo

17. (a) Burial (b) Date thereof 3 21 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 200 Elm Edinburg Mo

18. (a) Signature of funeral director Wm F. Homey

(b) Address Trenton

19. (a) 3-20-46 (b) Jane Fair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from March 9 1946 to March 18 1946 that I last saw him alive on March 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Pneumonia

Due to _____

Due to _____

Other conditions 107
(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? _____
(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 E.A. Dobby (M. D. or other) _____
Address Trenton Date signed 19/3/46

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

15000

**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..... *Wesley H Bradford*

Licensed Embalmer No..... *4370*

P. O. Address..... *Jenison 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.