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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23679

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2962

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4440 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Chancy Kibler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Jane Kibler
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 4 (Month) 8 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	26	hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Carpenter & Stonemason
FATHER 12. Name William Kibler
13. Birthplace No Record
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UnkNown
15. Birthplace No Record
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alice Jane Kibler
(b) Address 4440 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 7-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1946 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 3, 1946, to July 4, 1946, that I last saw him alive on July 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary edema and congestion
Coronary sclerosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 7-5-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Collins

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 Cort Saml. Menor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.