

FILED SEP 10 1946

Registration District No. 316

Primary Registration District No. 6074

State File No. \_\_\_\_\_

Registrar's No. 259

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **Desloge**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Grant Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Francois**  
(c) City or town **Desloge**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Grant Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15**  
year **46** hour **5** minute **50** p.m.  
21. I hereby certify that I attended the deceased from  
**May 44** 19**44** to **Aug 15 46**  
**8-14** 19**46**  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**myocardial sclerosis**  
**branchio-pleuritis**

Duration  
**5 yr**  
**5 d**

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? \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature **M. G. Boehl** (M. Doctor)  
Address **Desloge, Mo.** Date signed **8-19-46**

3. (a) PRINT FULL NAME **John Prima Hibbits**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased: **Sept.** **25** **1918**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <b>28</b> | <b>10</b> | <b>20</b> | hr. _____ min. _____ |

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

10. Usual occupation **none**

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

12. Name **John W. Hibbits**

13. Birthplace **Knob Lick** **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Gertrude Brinn**

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

16. (a) Informant **John W. Hibbits**

(b) Address **Desloge, Mo.**

17. (a) **burial** (b) Date thereof **8-18-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park View**

18. (a) Signature of funeral director **C. J. Boyer**

(b) Address **Desloge, Mo.**

19. (a) **8-19-46** (b) **Cother Rudloff**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

4  
0  
0

94  
0  
J

70

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 946-257  
Date Filed 9-9-46

SEP 17 1946

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 J. I. Sawyer

Licensed Embalmer No. 3660

P. O. Address Osceola, 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.