No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

33110

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Cooper Co

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

(c) Name of hospital or institution: Ravensway Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Cooper 27

(c) City or town Bunceton 0
(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) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN A HIBDON JR.

3. (b) If veteran, name war 0

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 14 (Day) 1946 (Year)

8. AGE: Years | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace California Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John A Hibdon 0
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Patricia Clark
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary V. Hibdon
(b) Address Rt. Bunceton Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Removal

18. (a) Signature of funeral director L. G. Parker
(b) Address Bunceton Mo

19. (a) July 29 (Date received local registrar) (b) Clem Mason (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 23
year 1946 hour minute 7 M.

21. I hereby certify that I attended the deceased from July 23, 1946 to July 23, 1946
that I last saw him alive on July 23, 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myoclonic encephalitis | 4 days |
| Due to unknown | |
| Due to | |
| Other conditions none (Include pregnancy within 3 months of death) | |
| Major findings: Of operations none | |
| Of autopsy none | |

80B

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 0

23. Signature John Ravensway (M. D. ~~or other~~)
Address Boonville Mo Date signed July 24

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-9-46

**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 This body was not embalmed, Registered Apprentice No....., working under my personal supervision.

Signed L. G. Parker

Licensed Embalmer No.....

P. O. Address Buncelon, M

**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.**