

FILED OCT 24 1946
Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 810

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield *Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greene County Farm *5*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
In this community 65 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene *39*
(c) City or town Springfield - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Greene County Farm
(If rural, give location) *0*
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Nibler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name John Nibler

13. Birthplace Germany *4*
(City, town, or county) (State or foreign country)

14. Maiden name Emma Futz *4*
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mike Nibler

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (c) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-9-46 (b) H. H. Lohmeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1946 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from about 3-4 yrs.
have seen him frequently at his home.
(that I last saw him alive on Oct 5 1946
and that death occurred on the date and hour stated above.)

Immediate cause of death Coronary Occlusion (most likely)
(Found dead in bed.)
Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 James R. Amos (M. D. or other) *MD*

Address Springfield, Mo. Date signed 10-8-46

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Roy H. Mercer Jr.

Registered Apprentice No. **380**

working under my personal supervision.

Signed.....

Walter E Hamilton

Licensed Embalmer No. **3808**

P. O. Address. **Springfield, Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Registration District No. 128

Primary Registration District No. 5465

1. PLACE OF DEATH:

(a) County Shrewsbury
(b) City or town Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Joseph Ribler

3.-(b) If veteran, name war

3. (c) Social Security No. No.

4. M 5. Color or race N
6. (a) Single, widowed, married, divorced Single
(b) Age of husband or wife if alive 1 (Year) 1 (Year)
less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director:

(b) Address

19. (a) (Date received local registrar) (b) W. J. Handley, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 1946 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 10 to 10, 1946

that I last saw him alive on 10 and that death occurred on the date and hour stated above.
Immediate cause of death

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) (e) Means of injury

23. Signature (M. D. or other) W. J. Handley, M.D.
Address Date signed

MAKE A PERMANENT RECORD

WRITE PLAINLY—USE UNFADING INK

SUPPLEMENTARY

33316

