V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37472

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 171

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Oakland - Rural - Joplin twp

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

(c) Name of hospital or institution: 2812 ZOra St. /

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

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

In this community 77 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Oakland Joplin twp

(If outside city or town limits, write "RURAL")

(d) Street No. 2812 Zora St.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Dibert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Iva Dibert

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

7. Birth date of deceased October (Month) 28 (Day) 1866 (Year)

8. AGE: Years 80 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Bedford County (City, town, or county) Penn. / (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name David Dibert
13. Birthplace no data (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name Susan Stiffler
15. Birthplace no data (City, town, or county) Penn. / (State or foreign country)

16. (a) Informant (wife) Iva Dibert

(b) Address 2812 Zora St. Oakland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 12 (Day) 46 (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo

19. (a) NOV. 12, 1946 (Date received local registrar) (b) P. L. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1946 hour 7 minute 10 pM.

21. I hereby certify that I attended the deceased from July, 1944, to Nov. 9, 1946, that I last saw h alive on Nov 9, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rigmoid

Due to extension to descending colon.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

46E

Duration

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 [illegible] (M. D. or other) 10 O.

Address Webb City Mo Date signed 11/11/46

137

(Licensed Embalmer's Statement on Reverse Side)

46-11-926

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.....

Licensed Embalmer No. 2859

P. O. Address West Plains 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.