

BUREAU OF THE CENSUS
FILED APR 17 1947Registration District No. 206Primary Registration District No. 2042Registrar's No. 1

1. PLACE OF DEATH:

(a) County MADISON
 (b) City or town FREDERICKTOWN
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: NONE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Luther Kennett Hibbitts3. (b) If veteran, name war NONE 3. (c) Social Security No. 381 22 4811

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary P. Hibbitts 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased: MAY 7 1871
 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 8 If less than one day _____ hr. _____ min.9. Birthplace St. Francois Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business None12. Name John Green Hibbitts13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Sarah A. Pool15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant John A. Hibbitts(b) Address Farmington, Mo.17. (a) Burial (b) Date thereof 4-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Little Vine, Mo.18. (a) Signature of funeral director Sam Wajim, Jr.(b) Address Fredricktown, Mo.19. (a) 4-17-47 (b) Flarence Hicks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison
 (c) City or town Fredricktown
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1947 hour 8 minute 45 P. M.21. I hereby certify that I attended the deceased from March 24
1947 to April 15th 1947
that I last saw h. alive on April 15 1947
and that death occurred on the date and hour stated above.Immediate cause of death Senile pneumonia Duration 4 1/2 hrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 1098
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 Keith L. Hull (M. D. or other) D.O.Address Fredricktown, Mo. Date signed 4-17-47

187

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

45
39
47070

RECEIVED

District Health Officer No. 4
District File Number 447-564
Date Filed 4-21-47

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

Sam Dajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.