

5. No. 2
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5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17486

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2050

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
In this community about 32 years (Specify whether years, months or days)

3. (a) PRINT Harvey B. Kibler
FULL NAME
3. (b) If veteran, no name war
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Holley Kibler
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 8, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 0
If less than one day: - hr. - min.

9. Birthplace Hutsonville, Illinois
(City, town, or county) (State or foreign country)
dentist

10. Usual occupation

11. Industry or business

12. Name Andrew Kibler
13. Birthplace Woodstock, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Burner
15. Birthplace Woodstock, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Donald E. Lyons
(b) Address 1022 Walnut St., K.C. Mo.

17. (a) burial (b) Date thereof 5-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vermillion, Kansas

18. (a) Signature of funeral director [Signature]
(b) Address Lawrence, Kansas

19. (a) 5-8-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Douglas
(c) City or town Eudora
(If outside city or town limits, write "RURAL")
(d) Street No. -- (If rural, give location)
(e) Citizen of foreign country? -- no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1947 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Oct., 1945 to May 8, 1947;
that I last saw him alive on May 7, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertension - Cardiovascular Renal
disorder - Arteriosclerosis general
+ cerebral
Due to Terminal Uremia
Due to Small motor cerebral accident

Duration
10 years
2 mo.

Other conditions
(include pregnancy within 3 months of death)
13/0

Major findings:
Of operations:

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)

23. Signature of Registrar [Signature] (M. D. or other)
Address 924 Prof Bldg, Lawrence, Mo. Date signed 5-8-47

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

MOTHER FATHER

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, Earl W. Fomena
....., Registered Apprentice No.
working under my personal supervision.

Signed Earl W. Fomena

Licensed Embalmer No. 3587

P. O. Address Lawrence, Kansas

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.