S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37154

Registration District No. 72 — Primary Registration District No. 3013 — Registrar's No. 134

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

4
3
1

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Alexander Smith Rug Co. 600 E. 16 St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution While at work (Specify whether In this community X years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 515 Prospect Blvd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country X

3. (a) PRINT FULL NAME ERNEST HIBBS

3. (b) If veteran, name war X

3. (c) Social Security No. 490-05-8042

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Mrs. Viola Hibbs

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November (Month) 29 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	11	20	X hr. X min.

9. Birthplace Plymouth (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Warehouse man

11. Industry or business Alexander Smith Rug Co.

FATHER
12. Name John Hibbs
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Comfort Cramer
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Miss. Anabell Hibbs

(b) Address 515 Prospect Blvd., KC, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/22/47 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery Clinton, Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Rd., N.K.C., Mo.

19. (a) Nov 22nd 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 1.8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1947 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from ..... 19..... 19.....; that I last saw alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to Coroner's case

Due to Coroner's case 1/4 A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coroner's case

Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 0-4

(a) Accident, suicide, or homicide (specify) Coronary Occlusion

(b) Date of occurrence Nov. 19 - 1947

(c) Where did injury occur? North Kansas City (City or town) Clay (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place, Dr. Farber Offic (Specify type of place)

While at work? yes (e) Means of injury

23. Signature R. W. Prather Coroner (M. D. or other) 3

Address Excelsior Springs, Mo. Date signed 11-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 12-10-47
Date Filed
FEB 20 1948

MAR 1 1948

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 Chester L. Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N. K. C. 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.