S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1948

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 1353

Registrar's No. 398

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: General Hospital No. 1 (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)
In this community: 5 yrs.

2. USUAL RESIDENCE OF DEASCED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 4122 E. 14 Terr. (If rural, give location) 8
(e) Citizen of foreign country? no - (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Everett Tibbs

3. (b) If veteran, name war: No

3. (c) Social Security No. 486-09-9619

4. Sex: Male

5. Color or race: W.

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

6. (b) Name of husband or wife: Irene Tibbs

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: Oct. (Month) 16 (Day) 1905 (Year)

8. AGE: Years 42 | Months 3 | Days 12 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Construction Worker

11. Industry or business:

MOTHER FATHER
12. Name: Altha R. Tibbs
13. Birthplace: (City, town, or county) Wis. (State or foreign country)
14. Maiden name: Goldie May Soffener
15. Birthplace: (City, town, or county) Okla. (State or foreign country)

16. (a) Informant: Mrs. Goldie M. Tibbs
(b) Address: Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 28 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Foster Mo.

18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: 918 Brooklyn

19. (a) 1-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 28 year: 1948 hour: 1 minute: 10 P. M.

21. I hereby certify that I attended the deceased from Jan. 8, 1948 to Jan. 28, 1948 that I last saw him alive on Jan. 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 24 K	

Major findings:
Of operations:
Of autopsy: None

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? 0
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Wm. W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 1-28-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Allen

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.

K. C. Mo.