S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4592

Registration District No. FILED MAR 5 1948 8

Primary Registration District No. 5466

Registrar's No. 114

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 21 days (Specify whether years, months or days)
In this community 1 year 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Peoria 999
(c) City or town Peoria 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 21
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry C. HIBBS #5977-H
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 14 (Day) 1895 (Year)

8. AGE: Years 52 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Green Castle, Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Machinist, bartender, etc.
11. Industry or business

FATHER
12. Name James Hibbs
13. Birthplace Evansville, Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flora Hibbs
15. Birthplace ? (City, town, or county) Indiana (State or foreign country)

16. (a) Informant File
(b) Address MCFP
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery
18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.
19. (a) 2-13-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I / the medical staff attended the deceased from January 13, 1947 to February 4, 1948; that I / they last saw him alive on February 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized acute tuberculous peritonitis	Approx. 3 days
Due to Rupture of tuberculous ulcer of terminal ilium.	
Due to Far advanced bilateral pulmonary tuberculosis.	2½ years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 38

Of autopsy As above, also multiple tuberculous ulcers of small & large intestine.

PHYSICIAN — Underline the cause of 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 E W Moreland (M.D.)
Address Medical Center Fed. Pris. Date signed 2/9/48

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

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

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.....Fred C. Thieme.....

Licensed Embalmer No.....2899.....

P. O. Address.....Springfield, 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.