S. No. 2
M—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7906

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 387

1. PLACE OF DEATH:

(a) County Buchanan
(b) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 15 days (Specify whether)
In this community 30 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2333 South 9th. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FANNIE MARIA LIBBY.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife William Libby
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased 10 (Month) – 23 (Day) – 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	81	5	6	hr. min.

9. Birthplace Kankakee (City, ~~town, or county~~) Illinois (State or ~~foreign country~~)
10. Usual occupation Housewife.
11. Industry or business Home making.
FATHER
12. Name Washington Hnyck
13. Birthplace Saratoga (~~City~~, town, or ~~county~~) Michigan (State or ~~foreign country~~)
MOTHER
14. Maiden name Cordelia
15. Birthplace Brick Hollow (~~City~~, town, or ~~county~~) New York (State or ~~foreign country~~)
16. (a) Informant David E. Johnson
(b) Address Wathena, Kansas, R.R. #3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1948 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from 2-14-, 1948, to 3-27-, 1948; that I last saw her alive on 3-27-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. E. Salyer (M. D. or ~~other~~)
Address State Hospital No. 2 Date signed 3-29-48
St. Joseph, Mo. Morrowey, O. D.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.