No. 2
-12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13292

Registration District No. 187 Primary Registration District No. 4302 Registrar's No. 5-4

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chula
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 5
(c) City or town Chula 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minta Tribble
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy L Tribble
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May (Month) 28 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	10	11	hr. min.

9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Thomas J. Ballanger
13. Birthplace Not Known (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Martha A. Parks
15. Birthplace Not Known (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Roy L Tribble
(b) Address Chula Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation May - Chula.
18. (a) Signature of funeral director E. J. Robertson Funeral Home
(b) Address Chula Missouri
19. (a) April-10-48 (Date received local registrar) (b) Francis B Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day April
year 1948 hour 3 minute 05 P.M.
21. I hereby certify that I ~~attended~~ received the deceased ~~from~~ after death
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured skull	
Due to Being hit by train	
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) Accident 59
(b) Date of occurrence
(c) Where did injury occur? Chula - Livingston Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On railroad track (Specify type of place)
While at work? no (e) Means of injury Hit by train
23. Signature Lee Meek - Livingston County Coroner (M.D. or other)
Address Chillicothe Mo Date signed Apr 9, 1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.