

FILED SEP 7 1948

Registration District No. 42

Primary Registration District No. 1000

State File No. \_\_\_\_\_

Registrar's No. 924

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 4 yrs. 1 mo. 18 days  
 (Specify whether  
 In this community 4 years 1 month 18 days  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 4X  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1818 Montgall 3  
 (If rural, give location) 8  
 (e) Citizen of foreign country? No (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES E. TIBBETTS

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife unknown  
 6. (c) Age of husband or wife if alive husband years  
 7. Birth date of deceased 10-5-1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 ✓ 72 10 24 hr. \_\_\_\_\_ min.

9. Birthplace unknown Maine  
 (City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business Common laborer

MOTHER FATHER  
 12. Name Charles Tibbetts  
 13. Birthplace unknown Massachusetts  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Almina Crockett  
 15. Birthplace unknown Maine  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elvira Jones

(b) Address 1818 Montgall St. K. C. Mo.

17. (a) Removal (b) Date thereof 8-29-48  
 (City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation Kirkville, Mo. Kansas City, Mo.

18. (a) Signature of funeral director E. P. Lueders

(b) Address St. Joseph, Mo.

19. (a) 9-2-48 (b) C. B. Jenkins  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29  
 year 1948 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 5-22-1948 to 8-28-1948  
 that I last saw him alive on 8-28-1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 years

Due to arterio sclerosis 20 years

Due to Syphilis 40 years

Other conditions Psychosis 5 years  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

23. Signature Farrist Thomas (M. D. or other) \_\_\_\_\_  
 Address State Hospital No. 2, Kansas City, Mo. Date signed 8-29-48

**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 *Mollie E. Sidenfader* *FD*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph,*

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

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