No. 300
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5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35686

Primary Registration District No. 1000

Registrar's No. 1258

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: three weeks (Specify whether years, months or days)

In this community: 42 years

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.: 2832 So. 19th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM LIBBY

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Rosie

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: January (Month) 10, (Day) 1880 (Year)

8. AGE: Years 68 Months 10 Days 12 If less than one day: hr. min.

9. Birthplace: LaClede (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Self

MOTHER FATHER

12. Name: James Libby

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Isabelle Smith (daughter)

(b) Address: (1902 Bartlett St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: John E. Kripp

(b) Address: 6054 Pryor Ave., City

19. (a) 11-26-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1948 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from November 17, 1948 to November 22, 1948 that I last saw him alive on November 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation and Myocardial Insufficiency	3 days
Due to: Arteriosclerosis	Ukn.
Due to: Arteriosclerotic Gangrene of right leg	2 wks.

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:

23. Signature: Arnold Strong (M. D.)

Address: The Tootle Bldg. St. Joseph, Mo. Date signed: 24 Nov 48

(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 Grandal R. Stabe, Registered Apprentice No. 213, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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.