

Registration District No. **608**

Primary Registration District No. **4362**

Registrar's No. **42**

1. PLACE OF DEATH: **NEWTON**
 (a) County **2**
 (b) City or town **FAIRVIEW**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **2 YEARS.** years, months or days

3. (a) PRINT FULL NAME **CYNTHIA E. BIBBS**
 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 **ROBT. E. LEE BIBBS** 6. (c) Age of husband or wife if alive **76** years
 7. Birth date of deceased **MARCH 9 1867**
 (Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **UNKNOWN** **IOWA**
 (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **1**

MOTHER FATHER
 { 12. Name **UNKNOWN HART**
 18. Birthplace **UNKNOWN UNKNOWN**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **UNKNOWN**
 15. Birthplace **UNKNOWN UNKNOWN**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **C. E. Bibbs**
 (b) Address **FAIRVIEW MISSOURI**

17. (a) **BURIAL** (b) Date thereof **12-11-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seligman Missouri**

18. (a) Signature of funeral director **Conley Thompson**
 (b) Address **Neosho Mo.**

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
 (a) State **Missouri** (b) County **NEWTON**
 (c) City or town **FAIRVIEW**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **9**
 year **1939** hour **5** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **July 10**
 19**39**, to **Nov 15**, 19**39**
 that I last saw her alive on **Nov 15**, 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver** Duration _____

Due to _____

Due to **fib**

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (b) Means of injury _____

23. Signature **J. R. Reynolds** M.D. M. B. of other _____
 Address **Neosho Mo.** Date signed **12/12-39**

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

Rev. 5-17-39 I 118511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF ANATOMY
ST. LOUIS, MISSOURI

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.....

Gail R. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed, *Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44134
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 608
(b) Township Fairview Primary Registration District No. 4362
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cynthia E. Bibbs

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED in
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-8 1940 Ada Collins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. R. Reynolds M. D. (Address) Neosho, Mo.

SUPPLEMENTARY

WHILE PLAINLY, WITH UNFADING IMPRESSIONS IS A...
N. B.—Every item of information should be carefully supplied. AGE should be stated "EXACT". PHYSICIAN'S SHOWING OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

