

FILED MAR 19 1941

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

Do not use this space.

7563

1. PLACE OF DEATH

County Marion
Township Mason
City HannibalRegistration District No. 547
Primary Registration District No. 3021968
(No. 1214, Lyon)File No.
Registered No. 42
St. (Ward)2. FULL NAME Mary Elizabeth Bibb(a) Residence, No. 1214 Lyon
(Usual place of abode)St. Ward. 8
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ludwell Bibb.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17 18447. AGE YEARS 97 MONTHS 0 DAYS 10 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, 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) Amherst County
(STATE OR COUNTRY) Virginia13. NAME Tapley Mitchell14. BIRTHPLACE (CITY OR TOWN) State of Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Ellan Johnson16. BIRTHPLACE (CITY OR TOWN) State of Virginia
(STATE OR COUNTRY)17. INFORMANT L. T. Bibb
(ADDRESS) 1214 Lyon St Hannibal, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cem. DATE 1-29 194119. UNDERTAKER Crawford Smith
(ADDRESS) Hannibal Mo.20. FILED Feb. 3, 1941 W. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 194122. I HEREBY CERTIFY, That I attended, deceased from Jan 13 1941 to Jan 27 1941I last saw Jan 27 1941 alive on Jan 27 1941 5:50 P. 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:

Influenza

Date of onset

1-2-41

Other contributory causes of importance:

Extreme ageCancer of face & nose

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? No

If so, specify.....

(Signed) W. C. Fisher M. D.(Address) Hannibal Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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This Body Embalmed by James A. Mole's

Missouri State License No 3296

Registration District No. 547

Primary Registration District No. 3029

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hennibal
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Elizabeth Bibb

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 97 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27 year 1949 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration _____

Due to _____

Due to _____

Other condition Extreme Age (Include pregnancy, when applicable)

Cancer of face + nose

Major findings: Cancer started on face below the right eye

Of operations _____

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) _____ (e) Means of injury _____

23. Signature J.P. Burgess (M. D. or other) _____ Address Hennibal Mo Date signed _____

SUPPLEMENTAL

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.....

Licensed Embalmer No.....

P. O. Address.....

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.