

FILED FEB 11 1942

Registration District No. 26

Primary Registration District No. 502-3002

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
921 W. Latney St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 921 W. Latney St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jackson Strible

3. (b) If veteran, name war None 3. (c) Social Security No. 709-12-1487

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie G. Tribble 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 24 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 2 If less than one day: _____ hr. _____ min.

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

10. Usual occupation Pump house operator

11. Industry or business Railway

12. Name Absom Tribble

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

14. Maiden name Effie Gibson

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

16. (a) Informant Effie Tribble

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Jan. 28, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson, Mo.

18. (a) Signature of funeral director Paul E. Cook

(b) Address Mexico, Mo.

19. (a) Jan 27 - 1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-18-1941
19____ to 1-26 1942

that I last saw him alive on Jan. 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death paralysis of breathing center within brain

Due to slow poison monoxide gas

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Paul E. Cook (M. D. or other) _____
Address Mexico, Mo. Date signed 1-26-42

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

MOTHER FATHER

Duration

5 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

not

1950
99

m

1011

FEB 25 1942

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.