

FILED JAN 26 1944
Registration District No. 25

Primary Registration District No. 4517

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

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Branson
(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 Missouri (b) County Taney ¹⁰⁶
(c) City or town Branson (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MALON ANDREW BIBB
3. (b) If veteran, name war _____ 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 Elizabeth Bibb 6. (c) Age of husband or wife if alive years _____
7. Birth date of deceased Feb. 2nd 1854 (Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant - Retired

11. Industry or business _____

12. Name Martha Latta Bibb

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

14. Maiden name Sarah Taylor

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

16. (a) Informant Wm. A. H. Beardsley

(b) Address Branson, Mo.

17. (a) Removal (b) Date thereof Dec 30, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Marion I. McKelvey

(b) Address Branson, Mo.

19. (a) Dec 31, 43 (b) Mary Muller (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 28th 1943 to Dec 30th 1943 that I last saw him alive on Dec. 29th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Throat + tongue and lower jaw Duration 2 yrs.

Due to Don't know.

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

Major findings: Of operations 45 lb

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? No

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Harry T. Evans (M. D. or other) H. T.

Address Branson, Mo. Date signed 12/20/43

RECEIVED

District Health Officer No. 6,

District No. 144-89

Date Filed JAN 24 1944

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 Minnie J. Wheelock

Licensed Embalmer No. 2277

P. O. Address Branson 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.