

FILED MAY 8 1944  
Registration District No. **8**

Primary Registration District No. **4136**

Registrar's No. **32-11**

1. PLACE OF DEATH:

(a) County **Clinton**  
(b) City or town **Plattsburg**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**at Home**  
(If not in hospital or institution, write street number or address)  
(d) Length of stay: In hospital or institution **North main st**  
(Specify whether  
In this community **70 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **AMANDA SUSIE TIBBETS**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Francis Marion Tibbets** 6. (c) Age of husband or wife if alive **6** years (Month) (Day) (Year)

7. Birth date of deceased **June 6 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>10</b>	<b>9</b>	hr. min.

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

10. Usual occupation **housewife**

11. Industry or business

12. Name **Charles Hobbs**

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

14. Maiden name **Clara Hutchison**

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

16. (a) Informant **Clara B. Stryker**

(b) Address **4429 N. 20th St. Louis Mo**

17. (a) **Spinal** (b) Date thereof **4 17 1944**  
(Initial or abbreviation of operation) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove**

18. (a) Signature of funeral director **Jas L Martin**

(b) Address **Plattsburg Mo**

19. (a) **4-18-44** (b) **Mrs. A C Harrell**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**  
(c) City or town **Plattsburg Mo 25**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **North main st. 3**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**  
year **1944** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Mar 21**, 1944, to **Apr 15**, 1944 that I last saw her alive on **Apr 14**, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**  
Due to **Arteriosclerosis**

Duration  
**24 hrs**  
**2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**  
Of autopsy **none**

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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **J. P. Spalding** (M. D. or other)  
Address **Plattsburg Mo** Date **Apr 15 1944**

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**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: *Gas L Martin*  
Licensed Embalmer No. *4398*  
P. O. Address. *Plattsburgh*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**