S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 35

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34503

State File No.

Primary Registration District No. 3127

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 806 N. Walker
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 806 N. Walker
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Riley Tibbens

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 Married

6. (b) Name of husband or wife Ester Tibbens

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb (Month) 16 (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Shoe Shop Operator

11. Industry or business

FATHER
12. Name David W. Tibbens
13. Birthplace ..... (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Esther Riley
15. Birthplace ..... (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Eva Hileman
(b) Address Webb City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 (Month) 1944 (Day) (Year)
(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) Oct 18 1944 (Date received local registrar) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 17
year 1944 hour 12.30 minute P M.

21. I hereby certify that I attended the deceased from July 1, 1944, to Oct 17, 1944
that I last saw him alive on Oct 17, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	30 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13b

Major findings:
Of operations
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury

23. Signature R. M. Burmont (M. D. or other)
Address Webb City Mo Date signed 10/18/44

1130

(Licensed Embalmer's Statement on Reverse Side)

44-11-876

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 Myself,

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

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.