

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 20 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36778

State File No. \_\_\_\_\_  
Registrar's No. 209

Registration District No. 137 Primary Registration District No. 3023

1. PLACE OF DEATH:  
(a) County Henry Clinton  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry 42  
(c) City or town Clinton 1  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 214 W Henry 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles W. Hibbs  
3. (b) If veteran, name war. ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 15  
year 1946 hour 5 minute 00A M.  
21. I hereby certify that I attended the deceased from Nov 6  
2 1946 to Nov 15 1946;  
that I last saw him alive on Nov 14 1946;  
and that death occurred on the date and hour stated above.

4. Sex MC 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Lucas Hibbs  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased 2 4 1870  
(Month) (Day) (Year)

Immediate cause of death Pneumonia  
hypostatic  
Due to fracture in auto accident 9 da  
Duration 4 da  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
76 9 11 hr. min.

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

10. Usual occupation School Foreman

11. Industry or business \_\_\_\_\_

12. Name Alfred Hibbs

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

14. Maiden name Anna F. Foster

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

16. (a) Informant Miss Geneva Briggs

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 11-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypresswood cem

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton MO

19. (a) 11-16-46 (b) R. R. Kerney  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_ 42  
(b) Date of occurrence Nov 6, 1946  
(c) Where did injury occur? Clinton Henry MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury auto accident  
23. Signature H. D. Walker (M. D. or other) M.D.  
Address Clinton MO Date signed 11-16-46

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

MOTHER FATHER

120

(Licensed Embalmer's Statement on Reverse Side)

Collision with Pedestrian

DATE THIS CERTIFICATE ISSUED 11-19-46  
DISTRICT NO. 10-46-2096  
DISTRICT HEALTH OFFICER NO. 7  
RECEIVED

**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 *Karl W. Peterson*  
Licensed Embalmer No. *2478*  
P. O. Address *Clinton M*

**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.**