S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2069

Registration District No. 278 — Primary Registration District No. 3054 — Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 North Fourth St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: pike
(c) City or town: Louisana (If outside city or town limits, write "RURAL")
(d) Street No.: 215 North Fourth St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: Margaret Lindsey Bibb
3. (b) If veteran, name war: ------
3. (c) Social Security No.: -----
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William Albert Bibb
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: March (Month) 23 (Day) 1865 (Year)
8. AGE: Years: 81 Months: 9 Days: 11 If less than one day: ____ hr. ____ min.
9. Birthplace: Cyrene, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation: Hwf.
11. Industry or business: Home
12. FATHER Name: Pike Lindsey
13. FATHER Birthplace: Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Martha Scott Lindsey
15. MOTHER Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. J.D. Fry
(b) Address: Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisianaa Missouri
19. (a) 1/4/46 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 4 year: 1947 hour: 1:22 P.M. minute: ____ M.
21. I hereby certify that I attended the deceased from Feb. 21, 1946 to Jan 4, 1947 that I last saw her alive on Jan 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	1 wk
Due to: Generalized Carcinomatosis	6 mo
Due to: Cancer of breast	4 yrs
Other conditions: Cachexia (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations: ____
Of autopsy: 50

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? ____ Means of injury: ____

23. Signature: Chas H. Linville (M. D.)
Address: Louisiana, Mo. Date signed 1/4/47

374 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 16
District File Number 2-47-245
Date Filed FEB - 5 - 1947

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~~ George O. Wagner, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.