S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9697

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: RURAL—MINERAL TWP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 29 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo (If outside city or town limits, write "RURAL") 0

(d) Street No. R#1 RURAL; MINERAL TWP. (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Matthew Bibee

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 Eva Bibee

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December (Month) 20 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	1	hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name NO DATA
13. Birthplace " (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Eva Bibee

(b) Address R#1 Oronogo MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

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

(b) Address Webb City Mo

19. (a) MCH 25;47 (Date received local registrar) (b) [illegible] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1947 hour 850 minute a M.

21. I hereby certify that I attended the deceased from Jan 2 1947 to March 20 1947; that I last saw him alive on 3.20 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	1 hour
Due to Chronic Myocarditis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93D
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 2

23. Signature Glenn R. Ovey (M. D. or other) D.O.

Address Alba, MO Date signed 3-22-47

(Licensed Embalmer's Statement on Reverse Side)

47-3-147

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 Clayteen 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.