

FILED OCT 1 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. 29663
Registrar's No. 3883

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3811 Oak Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5811 Oak Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE ALBERT BIBERT

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace E. Bibert 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 4 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Portrait Studio

12. Name Nicholas Bibert

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

14. Maiden name Minnie Spenser

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

16. (a) Informant Mrs. Grace E. Bibert

(b) Address 5811 Oak Street

17. (a) Burial (b) Date thereof 9-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brent Hill

18. (a) Signature of funeral director R. J. Newcomer Sons

(b) Address 1401 Bush Creek Blvd.

19. (a) 9-23-48 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1948 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept 14, 1945, to Sept 27, 1948
that I last saw him alive on Sept 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 5 yrs

Due to Hypertension 5 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 938
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? _____

While at work? _____ (Specify type of plate) (e) Means of Injury _____

23. Signature James D. Smith (M. D. or other) 9/22/48

Address 248 Prof. Bldg. Date signed _____
Ke. Mo.

318 Proof - 012780 - 30.6 PM

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 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.