

No. 300  
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-5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED OCT 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35279

Registration District No. 3248

Primary Registration District No. 6092

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Saliney

(b) City or town Grand Pass, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home in Grand Pass 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 all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saliney 97

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

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Alice Vanita Fible

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1<sup>st</sup>  
year 1948 hour 3 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Easter B. Fible

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 14<sup>th</sup> 1916  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9 investigated the death 9-1 1948  
that I last saw h alive on \_\_\_\_\_, 1948;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>3</u>	<u>17</u>	hr. min.

Immediate cause of death Acute Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Blackburn Mo. 6  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

Major findings: Aspx

Of operations \_\_\_\_\_

Of autopsy No.

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

12. Name William Z. Schick

13. Birthplace Morgan Co. Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Reith

15. Birthplace Saline Co. Mo. 0  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Wm F. Schick

(b) Address Blackburn Mo.

17. (a) Burial (b) Date thereof Sept 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn Lutheran Cem.

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall Mo.

19. (a) Sept 2-1948 (b) Edw J. Gray  
(Date received local registrar) (Registrar's signature)

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? 3

While at work \_\_\_\_\_ (Specify type of place)

Means of injury Saline Co.

23. Signature Dr. Charles Brewer (M. D. or other)

Address Marshall Mo. Date signed 9-2-48

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 8,

District File Number

10-15-48

Date Filed

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 Bill Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.**