

REC'D MAY 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15192  
Do not use this space.

1. PLACE OF DEATH

(a) County Wagoner Registration District No. 417  
(b) Township JOPLIN Primary Registration District No. 3021 Registered No. 30  
(c) City North City (d) Street No. 118 S. TOM St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 118 South B. Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1866  
7. AGE YEARS 77 MONTHS 2 DAYS 7 IF LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Missouri  
13. NAME Shipman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Elizabeth Fisher  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT Rev. Mrs. Clara Simon (ADDRESS) San Pedro, Calif.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Casterville DATE April 6, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wedge Nelson North City, Mo.  
20. FILED APR 6 39 19 J. L. Pitchett, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1939 to April 4, 1939  
I last saw her alive on April 7, 1939. Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Date of onset

Other contributory causes of importance: ASC

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) W. H. Gregory, M. D.  
377 (Address) Webb City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1010

Date Filed MAY 2 1939

**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.....

E. M. Hedge....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

P. O. Address W. H. Pity Inc

**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, above space should be left blank.**