

Registration District No. 31

Primary Registration District No. 6240

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Butterfield Sup.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Minerva Ann Shipman
 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 Abe Shipman
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 1856
 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 26
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
 12. Name James Nelson
 13. Birthplace Pierce City Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Morris
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Louis Hawkins
 (b) Address Butterfield, Mo.

17. (a) burial (b) Date thereof Nov. 29, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Pleasant Cem.

18. (a) Signature of funeral director Blankenship
 (b) Address Monett - Curdy Mo. 32
 19. (a) Nov. 28, 1939 (b) Donald Blankenship
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Butterfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
 year 1939 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 23
 _____, 1939, to Nov 27, 1939;
 that I last saw her alive on Nov 26, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis
Heart Disease
and senility

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

Major findings:
 Of operations _____
 Of autopsy _____

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) _____ (e) Means of injury _____

28. Signature P. J. Keely (M. D. or other) 1
 Address Curdy Date signed Nov 28 1939

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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 1239-2382

Date Filed DEC 1 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. H. Blankenship

Licensed Embalmer No.

2397

P. O. Address.....

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.