No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4467

Registration District No. 799 Primary Registration District No. 4479 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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 Saline
(c) City or town Slater
(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.

3. (a) PRINT FULL NAME Martha Alice Stipes
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ B. L. Stipes
6. (c) Age of husband ~~or wife if~~ alive 73 years
7. Birth date of deceased March (Month) 12 (Day) 1870 (Year)

8. AGE: Years 70 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Statesville, N. C. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name C. F. Salmons
13. Birthplace N. C. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha A Johnson
15. Birthplace N. C. (City, town, or county) (State or foreign country)
16. (a) Informant B. L. Stipes
(b) Address Slater, Mo.
17. (a) burial (Burial, ~~cremation or removal~~) (b) Date thereof 1-9-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Slater, Mo.
18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.
19. (a) 1-8-41 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th year 1941 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb. 18, 1940 to Jan. 8, 1941; that I last saw her alive on Jan. 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	?
Chronic Myocarditis	?
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. A. McBurney (M. D. ~~or other~~)
Address Slater, Mo. Date signed 1/11/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-13-41
Date Filed

1940-13-8
1870 3 1
7019 7

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.