

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10371

State File No.

FILED APR 21 1941

Registration District No. 177

Primary Registration District No. 5240

Registrar's No. 33

1. PLACE OF DEATH: **Chariton**

(a) County **Triplet** "Rural" *Missouri*

(b) City or town **Triplet "Rural"**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**

Triplet "Rural"

(c) City or town _____ (If outside city or town limit, write "RURAL")

(d) Street No. **0** (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **WILLIAM S. SHIPP**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8th** year **1941** hour **7:** minute **05** P.M.

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

6. (b) Name of husband or wife **Lealia Shipp** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **November 14th, 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 1, 1939, to March 8, 1941;**
that I last saw him alive on **March 8, 1941;**
and that death occurred on the date and hour stated above.

8. AGE: Years 63	Months 3	Days 24	If less than one day hr. _____ min.
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Immediate cause of death **Coronary Occlusion**

9. Birthplace **Triplet Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Due to **Coronary Thrombosis** **6yrs.**

11. Industry or business _____

MOTHER FATHER { 12. Name **James S. Shipp**

{ 13. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Willie Hooper**

{ 16. Birthplace **Triplet Missouri**
(City, town, or county) (State or foreign country)

Due to **Bacterial Endocarditis (Non Specified)** **10yrs.**

Other conditions **Nephrolithiasis** **15yrs.**
(Include pregnancy within 3 months of death)

16. (a) Informant **Mrs. W. S. Shipp**

(b) Address **Triplet Missouri**

17. (a) **Burial** (b) Date thereof **3-11-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Triplet, Mo.**

Major findings: **134a**

Of operations _____

Of autopsy _____

18. (a) Signature of funeral director **L. W. Meisner**

(b) Address **Brunswick, Mo.**

19. (a) **Mo - 1 - 41** (b) **R. P. Price** 11/5
(Date received local registrar) (Registrar's signature)

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 place)

(a) Means of injury _____

23. Signature **Kenneth L. Rosenbaum** (D. or other) **D.O.**

Address **Triplet, Missouri** Date signed **3/10/41**

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-15-41

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. W. Keiser
Licensed Embalmer No. 823
P. O. Address Brunswick, N.C.

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.