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5-17-39
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FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22067

State File No. _____

Registration District No. 1054

Primary Registration District No. 2631

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Lawrence Mo.

(b) City or town Miller Mo. R. B.

(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 _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence

(c) City or town Miller Mo. R. B.
(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 William Edward Dipper

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 11 minute 55 A. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Maggie Dipper

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

7. Birth date of deceased 9-15-41
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1941, to June 15, 1941;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>9</u>	<u>-</u>	hr. _____ min.

Immediate cause of death Suicide by gun shot.

Due to _____

Due to _____

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

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) 164

11. Industry or business _____

MOTHER FATHER {

12. Name William Dipper

13. Birthplace England A
(City, town, or county) (State or foreign country)

14. Maiden name Fucella Frank

15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maggie Dipper

(b) Address Miller Mo. R. B.

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

(c) Place: burial or cremation Swiss Point

18. (a) Signature of funeral director Maxus - Simon

(b) Address Miller Mo.

19. (a) June 18, 41 (b) Alta Wilson
(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 June 15-1941

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
428

While at work? _____ (Specify type of place)

(e) Means of injury gun shot

23. Signature L. J. Holmer (M. D. or other) 0

Address Miller Mo. Date signed 6-16-41

RECEIVED

District Health Officer No. 6,

District File Number 741-1206

Date Filed JUL 12 1941

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 J. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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, above space should be left blank.