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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 7 1943

Registration District No. 38

Primary Registration District No. 3006-5-1-20

Registrar's No. 75

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rocheport, Rural Route
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Silas E. Tipton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased February 12 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Howard County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Robert Tipton
13. Birthplace Howard County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Butler
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viva Pointer
(b) Address Martha Washington Hotel K.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Big Springs Cemetery

18. (a) Signature of funeral director L. J. Meister
(b) Address Boonville, Missouri

19. (a) 3-27-1943 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 26th. year 1943 hour minute 5.30 A.M.

21. I hereby certify that I attended the deceased from 3-24- 1943, to 3-26- 1943 that I last saw him alive on 3-25- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death My Occordition for Mrs. | Duration

Due to

Due to 93e

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Op.
Of autopsy No Autop.

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) No
(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 W. P. Dysart M.D. (M. D. or other)
Address Columbia Mo Date signed 3-28-43

1250

(Licensed Embalmer's Statement on Reverse Side)

(216

APR 8 1943

APR 12 1943

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 G. L. Freland

Licensed Embalmer No. 1399

P. O. Address Hayes 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, fact should be so stated above.