

V. S. No. 2
50M--5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11009

State File No.

FILED APR 9 1943-5-

Registration District No.

Primary Registration District No. 5871

Registrar's No. 58

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

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1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Alton Goebel Twsp.
(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: 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Alton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME John Shipman
3. (b) If veteran, name war: --
3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18
year 1943 hour 7 minute 45 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Farris
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 9 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1942 to Feb. 18, 1943,
that I last saw him alive on Feb. 17, 1943,
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 9
If less than one day hr. min.

Immediate cause of death: Chronic Interstitial Nephritis
Duration Long Time

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

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 13/a

10. Usual occupation Farmer

PHYSICIAN
Major findings: Of operations
Of autopsy: Of operations
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name George Shipman
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Shipman
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 2/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barley Com.

18. (a) Signature of funeral director [Signature]
(b) Address Thayer, Mo.

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) (e) Means of injury:

19. (a) 3/21 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address Alton, Mo. Date signed 3/21/43

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.....

Licensed Embalmer No.....

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, fact should be so stated above.