S. No. 2
M—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13417

FILED MAY 5 1943

Registration District No. 149 | Primary Registration District No. 1602 | Registrar's No. 1258

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1732 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 40 years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 1732 Penn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Lester Shipp

3. (b) If veteran, name war: no

3. (c) Social Security No.: 487-12-8818

4. Sex: male

5. Color or race: wht

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

6. (b) Name of husband or wife: Mary Ann

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: February (Month) 9 (Day) 1877 (Year)

8. AGE: Years 66 | Months 1 | Days 29 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Truck driver

11. Industry or business:

MOTHER FATHER

12. Name: Longen Shipp

13. Birthplace (City, town, or county): (State or foreign country): unknown

14. Maiden name: unknown

15. Birthplace (City, town, or county): (State or foreign country): "

16. (a) Informant: Mary Ann Shipp

(b) Address: 1732 Penn

17. (a) ~~burial~~ (Burial, cremation, or removal) (b) Date thereof: 4-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope

18. (a) Signature of funeral director: A. A. Shelton

(b) Address: Kansas City, Kansas

19. (a) 4-13-43 (Date received by local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1943 hour One minute A. M.

21. I hereby certify that I attended the deceased from April 1st 1943, to April 8th 1943, that I last saw him alive on April 7th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Lobar	7 Days
Due to: flu	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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: Eugene Carbaugh (M. D. or other)

Address: 714 Bryant Bldg. Date signed: APR 10 1943

(Licensed Embalmer's Statement on Reverse Side)

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. R A Fulton

Licensed Embalmer No. 3503

P. O. Address 100 Kanson

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.