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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. 14724

FILED MAY 4 1943

Registration District No. 3083 Primary Registration District No. 3037 Registrar's No. 64

1. PLACE OF DEATH

(a) County Lawrence

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

(c) Name of hospital or institution: Home 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55 3 0

(c) City or town Mt Vernon (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 0

3. (a) PRINT FULL NAME Homer W. Shipman

3. (b) If veteran, name war World War I

3. (c) Social Security No. —

4. Sex Male

5. Color or Race W

6. (a) ~~Single, widowed, married,~~ divorced 3

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

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

7. Birth date of deceased Aug (Month) 16 (Day) 1892 (Year)

8. AGE: Years 50 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Mt Vernon (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name David Shipman
13. Birthplace Lawrence Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Francis M. Rayburn
15. Birthplace Lawrence Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Hallie Caffey

(b) Address Pittsburg Kan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cem.

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo.

19. (a) 4-27-43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from ....., 1926 to April 24, 1943 that I last saw him alive on April 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	6 hours
Due to Luetic infection	20 years+
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations P A Holmes
Of autopsy 30 g

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 P A Holmes (M. D. or other) .....

Address Mt Vernon Mo Date signed 4-26-43

13 39 (Licensed Embalmer's Statement on Reverse Side)

MAY 28 1943

RECEIVED
District Health Officer No. 6,
District File Number 543.517
Date Filed MAY 3 1943

MAY 6 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 May L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.