

S. No. 2
M-5-42
5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28587**

FILED SEP 10 1944
Registration District No. **1**

Primary Registration District No. **3056**

Registrar's No. **171**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McCormick Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month** (Specify whether
In this community **45 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph 88**
(c) City or town **Huntsville 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural 0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Lowry Gipson**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **12**
year **1944** hour **12** minute **20** A. M.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**
6. (b) Name of husband or wife **Clara Gipson** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **September 8 1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 9, 1944, to Aug. 12, 1944**
that I last saw him alive on **Aug. 12, 1944**
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **11** Days **4** If less than one day
hr. _____ min.

Immediate cause of death **Cancer of liver** **Duration 2 mos.**

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation **retired farmer**

11. Industry or business _____

MOTHER FATHER { **12. Name** **Smith Gipson**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Roscoe Gipson**
(b) Address **Huntsville, Missouri**
17. (a) burial **(b) Date thereof 8/13/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Mt. Olivet Cemetery**
18. (a) Signature of funeral director **Saul Patton**
(b) Address **Huntsville, Mo**
19. (a) 8/21-44 **(b) Anna Kave**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **F. J. McCormick** (M. D. or other) **M.D.**
Address **Moberly Mo** **Date signed** **8/21-44**

1036 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1556

Date Filed SEP 8 1944

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, TN

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.