

No. 2
8-43
7-39
X3723

FILED JAN 17 1945

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 37

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution over night (Specify whether
as above in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Devon 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. X
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 2

3. (a) PRINT FULL NAME David Sipe

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

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ann Benham Sipe

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

7. Birth date of deceased November 14 1867
(Month) (Day) (Year)

8. AGE: Years 77-78 Months 1 Days 31
If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business farm

12. Name David Sipe

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

14. Mother's name Susan Isahel

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Schlinger, Seelinger

(b) Address 4329 Flora, Kansas City, Mo.

17. (a) removal (b) Date thereof 1-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.:

19. (a) 1-4-45 (b) T. S. Brown (183)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1945 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan 2
1945, to Jan 4, 1945
that I last saw him alive on Jan 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhage - 1 da
Due to Abdominal aneurysm 10 yrs
Due to 30 ed

Other conditions 30 ed
(Include pregnancy within 3 months of death)

PHYSICIAN

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

22. If death was due to external causes, fill in the following:
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 0

23. Signature E. L. Petry MD (M. D. or other)
Address 3000 Argyle Bldg Date signed 1-4-45

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

MOTHER FATHER
SIPES - 10-31-18
HARRIS - 10-31-18

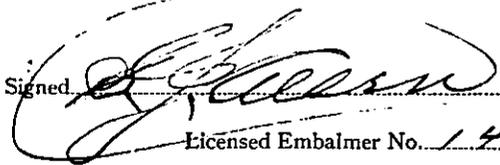
STATEMENT BY LICENSED EMBALMER

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. 1415

P. O. Address H. C. 400

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.

State of Missouri
County of Jackson ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 1437-45

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 37

On this 23rd day of September, 1947, before me appears Pauline Seelinger, who, upon her oath, states that the original record of ^{birth} death for David Lips, died January 4, 1945, in the State of Missouri, and which was filed at Kansas City on 1-4-45, 1945, should be corrected as follows:

- Item No. 16(a) should read Mrs. Pauline Seelinger
Instead of Mrs. Pauline Schluger
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pauline Seelinger - daughter
Relationship daughter
4329 Flora
Present Address.

Subscribed and sworn to before me this 23 day of Sept, 1947.

My Commission expires Oct 20, 1947 Barrie M. Puppeluis Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

