V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7429

State File No.

Registration District No. 373 Primary Registration District No. 6267 Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural- Jackson township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. Jackson township
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Charles Frank Tippin

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sue L. Tippin

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased October (Month) 25 (Day) 1857 (Year)

8. AGE: Years 86 Months 9 Days 6 If less than one day x hr. x min.

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

10. Usual occupation Minister

11. Industry or business Church

FATHER
12. Name John G. Tippin
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann ~~Nancy~~ Harveston
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Marvin Tippin
(b) Address Elkland, Mo.

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 8-3-'44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St. Luke

18. (a) Signature of funeral director Lex Kaney
(b) Address Marshfield, Mo.

19. (a) Feb. 15-45 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

1544

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1944 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Mar. 2 1944, to Aug. 1 1944 that I last saw him alive on Aug. 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E M Bailey (M. D. or other)

Address Elkland Mo Date signed Feb 17 '45

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

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: Lex Lancy

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.