S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36145

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4774

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ostepathic, 11th at Harrison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days)
In this community 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Christian 22
(c) City or town ~~xxR#1~~ rural 0
R#1 Billings (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Ann Dippell
3. (b) If veteran, name war x no
3. (c) Social Security No. x none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clarence Dippell
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March, 20, ~~1945~~ 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Christian (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Joel Payne
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) a
16. (a) Informant Clarence Dippell
(b) Address Billings, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation by amt. to Billings, Mo.
18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.
19. (a) 11-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1945 hour 4 minute 10 P. M.
21. I hereby certify that I attended the deceased from Apr. 13, 1945 to Nov. 18, 1945; that I last saw her alive on Nov. 18, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Chronic myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy	

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)
(e) While at work? (f) Means of injury
23. Signature R.W. Marshall (M. D. or other) D.O.
Address Billings, Missouri Date signed 11/30/45

561 (Licensed Embalmer's Statement on Reverse Side)

OCT 5 1948

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.