o. 2
5-43
7-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41737

State File No. ~~11~~

Registration District No. ~~5699~~ 188 Primary Registration District No. ~~188~~ 5699 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Wm Shipp Home / Farmer Trust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community all her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Dawn, Missouri (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country ——— 1

3. (a) PRINT FULL NAME Mildred Ruth Shipp

3. (b) If veteran, name war ——— 3. (c) Social Security No. .....

4. Sex f 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jerry Shipp 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug (Month) 9 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	4	17	..... hr. ..... min.

9. Birthplace Carroll Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ———

FATHER
12. Name Alfred Evans
13. Birthplace Hale (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lena Lantz
15. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jerry C. Shipp
(b) Address Dawn Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Arkadelphia Dalton Mo

18. (a) Signature of funeral director Clifford W Austin
(b) Address Tina Missouri

19. (a) 12-29-45 (Date received local registrar) (b) Myrtle Doss (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 26th
year 1945 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec 24, 1945, to Dec 26, 1945;
that I last saw her alive on Dec 26, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	2 days
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy BB	

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)

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 M E Everett (M. D. or other) 2 DD

Address Chillicothe Mo Date signed 12-28-45

1540 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 Alfred W Austin, Registered Apprentice No. _____, working under my personal supervision.

Signed Alfred W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.