

FILED FEB 1 1946

Registration District No. 279

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
410 Lyon St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 67
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 410 Lyon St. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1945 hour 8 minute - P. M.
21. I hereby certify that I attended the deceased from Dec. 27
1945 to death " " 45
that I last saw him alive on Dec. 27 " " 45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
6 hours

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy 946
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Richard Edwin Hipkins

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, divorced, married
(b) Name of husband or wife Myrtle Hipkin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 11 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer & meat cutter

11. Industry or business _____

12. Name Richard Hipkin

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

14. Maiden name Margaret Rahey

15. Birthplace Philadelphia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Hipkin

(b) Address 410 Lyon, Hannibal, Mo.

17. (a) Burial (b) Date thereof Jan. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 107 Broadway, Hannibal, Mo.

19. (a) 1-9-46 (b) D. E. M. Tucker
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) _____
(Specify type of place) _____
23. Signature E. R. Motley (M. D. or other) _____
Address Hannibal, Mo. Date signed 11-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100606

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.....

George T. Bond

Licensed Embalmer No.....

4373

P. O. Address.....

Haverhill - Mass.

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.