

B. No. 2
M-2-43
5-17-39
V1 X35697

12143

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 17 1946

Registration District No. 15

Primary Registration District No. 5D7H

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Barton Co
 (b) City or town Amos Grove
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 39 years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Rural
(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:

3. (a) PRINT FULL NAME Amos August Phipps

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased March 29 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Morgan Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER

12. Name Lewis Bobghardt
 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Henry Phipps

(b) Address Irwin, Mo. - Rural

17. (a) burial (b) Date thereof MAR 24 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon

18. (a) Signature of funeral director Sheldon

(b) Address Sheldon

19. (a) Amos August Phipps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1946 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from March 21 1946 to March 21 1946 that I last saw h. or alive on March 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Large ovarian cyst Tapped

Due to malnutrition

Other conditions: malnutrition
(Includes pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 56

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (e) Means of injury: 56

23. Signature Jern T. Bichel (M. D. or other) MD
 Address Jamar, Mo. Date signed Mar 23, 46

Duration

4 days

Mar 16, 46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11052

RECEIVED

District Health Officer No. 3

District File Number 446-429

Date Filed APR 12 1946

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 *L. Gerald Beeny*

Licensed Embalmer No. *4203*

P. O. Address *Helder, 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.