

S. No. 2  
M-8-43  
7-5-17-39  
I-X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED JUN 6 1946** STANDARD CERTIFICATE OF DEATH

State File No. **15943**

Registration District No. **50**

Primary Registration District No. **5179**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution:  
Home - RR # 11  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ~~42~~ no  
(Specify whether)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden <sup>15</sup>

(c) City or town Linn Creek Mo - rural <sup>6</sup>  
(If outside city or town limits, write "RURAL.")

(d) Street No. RR # 11 <sup>0</sup>  
(If rural, give location) <sup>0</sup>

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Kenneth Shipman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5  
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
April, 1944, to April 5, 1946  
that I last saw him alive on March 5, 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race whit

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April 28 1913  
(Month) (Day) (Year)

Immediate cause of death Epilepsy  
Chronic

Duration 44

8. AGE: Years 22 Months 11 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farm

11. Industry or business \_\_\_\_\_

12. Name Millard Shipman

13. Birthplace Pass Over Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Corolla Shalstead

15. Birthplace Linn Creek Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None <sup>85</sup>  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations No operation

Of autopsy No Autopsy

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Millard Shipman

(b) Address Linn Creek Mo - RR # 11

17. (a) Burial (b) Date thereof 4-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowray Cem

18. (a) Signature of funeral director Banksen-Woolver

(b) Address Camdenton Mo

19. (a) May 16-1946 (b) Zilpha J. Traw  
(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? \_\_\_\_\_ (e) Means of injury 0

23. Signature E. B. ... (M.D. or other) \_\_\_\_\_  
Address Camdenton Mo Date signed 2-14-46

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

14833

RECORDED  
DISTRICT NO. 5-46-520  
Date Filed 6-8-46

**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 Abbi Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

**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.**