

Registration District No. **157** Primary Registration District No. **3028**

**1. PLACE OF DEATH:**  
 (a) County **Jasper**  
 (b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**606 Lincoln St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **77 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **606 Lincoln St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Florence Addie PIPKIN**  
 3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **female** / 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **S. C. Pipkin**  
 6. (c) Age of husband or wife if alive **---** years  
 7. Birth date of deceased **December 1 1867**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **79** Months **1** Days **7**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Valpariso Indiana**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **at home**

**11. Industry or business** **---**

**12. Name** **Henry Pensinger**  
**13. Birthplace** **Franklin Co. Penn**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Matilda Carter**  
**15. Birthplace** **St. Johns Canada**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Harold Ripkin**  
 (b) Address **Union, Missouri**

**17. (a)** **burial** (b) Date thereof **Jan 10, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Park Cemetery**

**18. (a) Signature of funeral director** **Knell Mortuary**  
 (b) Address **Carthage, Mo.**

**19. (a)** **1-9-47** (b) **L. B. Clenton**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **January** day **8th.**  
 year **1947** hour **8:30** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **Jan 8** 19**47** to **Jan 8** 19**47**  
 that I last saw **her** alive on **Jan 8** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**  
 Duration \_\_\_\_\_

Due to **79 yr old Sudden death**

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

Other conditions **---**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **94A**  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury **---**

**23. Signature** **[Signature]** (M. D. certificate) \_\_\_\_\_  
 Address **Carthage Mo** Date signed **1/9/47**

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

14  
 3

47  
 1  
 3  
 0

~~47-16-6~~

**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.....  
*Gene C. Pugh*  
Gene. C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.**