

No. 2  
-12-45  
5-17-39  
I X47070

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

FILED JUN 30 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3013

Registrar's No. 178

1. PLACE OF DEATH:

(a) County... Andrew

(b) City or town... Fillmore (rural) Jackson Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... ✓  
(Specify whether)

In this community... ✓  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Andrew 2

(c) City or town... Fillmore  
(If outside city or town limits, write "RURAL")

(d) Street No... 6  
(If rural, give location)

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

If yes, name country... ✓

3. (a) PRINT FULL NAME... Cleatus Tipton

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

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

4. Sex... Male 5. Color or race... white

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

6. (b) Name of husband or wife... Elsie 6. (c) Age of husband or wife if alive... 58 years

7. Birth date of deceased... Dec. 16 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>22</u>	<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation... Farmer

11. Industry or business... Farming & Sawmill

12. Name... Thomas Tipton

13. Birthplace... Holt County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name... Lillian Mann

15. Birthplace... Elizabeth Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Elsie Tipton

(b) Address... Fillmore Missouri

17. (a) Burial (b) Date thereof... June 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Fillmore Cemetery

18. (a) Signature of funeral director... [Signature]

(b) Address... Savannah, Mo.

19. (a) 6-9-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... June day... 8th  
year... 1947 hour... 5 minute... 11 M.

21. I hereby certify that I attended the deceased from 9th June 1947 to June 8 1947,  
that I last saw him alive on June 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Myocarditis

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

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

Other conditions... \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations... [Signature]

Of autopsy... \_\_\_\_\_

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 injury)  
\_\_\_\_\_ (Specify type of place)

23. Signature... [Signature] (M. D. or other) MD  
Address... Savannah Mo. Date signed... 9 June 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 27 1949

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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. M. Atkinson*  
Licensed Embalmer No. 2279  
P. O. Address *Savannah 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.