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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27968

FILED AUG 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3443

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 301 Main Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nickie Lynn TIPPETT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 5, (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name James R. Tippett
13. Birthplace Marceline, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Phyllis M. Shoens
15. Birthplace Detroit, (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Mr. Jas. R. Tippett
(b) Address 301 Main St., Parkville, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 8-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 5-47, 19..., to Aug 9, 1947; that I last saw her alive on Aug 8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: atelectasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 161a

Major findings:
Of operations

Of autopsy see above

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work (e) Means of injury

23. Signature Dwarry R. Thom (M. D. ~~or other~~)

Address 1102 Bryant Bldg Date signed 8-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. Thorn
St. Louis

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K.C. 2MO

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.