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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39050

FILED NOV 18 1947

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Newton, Mo.  
(b) City or town Gramby, Mo.  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Gramby, Mo.  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lola Shipman

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

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 18 1895  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Aurora, Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Burl Mitchell 9

13. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Belinda Shipman

15. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Brakee 1

(b) Address Commerce, Okla.

17. (a) Burial (b) Date thereof 11-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gramby Cemetery

18. (a) Signature of funeral director R. E. Robinson

(b) Address Richwood, Okla.

19. (a) 11-5-1947 (b) M. L. Young  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th.  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
19\_\_\_\_ to Oct. 30 1947.  
that I last saw her alive on Oct. 26 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchiectasis Duration 6 mo

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

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

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

Major findings: Of operations \_\_\_\_\_

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)  
(e) Means of injury 1

23. Signature R. E. Robinson (M. D. or other)

Address Gramby Mo Date signed 11.6.47

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

# RECEIVED

District Health Officer No. Newton  
District File Number 1147-212  
Date Filed 11-17-47

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## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**