No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30515

Registration District No. 301 Primary Registration District No. 6032 Registrar's No.

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at North entrance of S. of Doniphan (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Colorado (b) County Denver
(c) City or town 999 (If outside city or town limits, write "RURAL")
(d) Street No. 5 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country 5

3. (a) PRINT FULL NAME Neville Noel Cypreh
3. (b) If veteran, name war World war II
3. (c) Social Security No.
4. Sex male 0
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 March (Month) 3 (Day) 1912 (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	0	25	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Army
11. Industry or business
FATHER
12. Name E. E. Cypreh
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Josie M. Tardwell
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Josie M. Cypreh
(b) Address Touch Mo Rt I
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Tatton Creek Cem
18. (a) Signature of funeral director Lee Edwards
(b) Address Doniphan, Mo.
19. (a) 5-28-48 (Date received local registrar) (b) E. P. Johnston (Registrar's signature) 277

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1948 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from none, 19, to, 19; that I last saw him alive on never, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Basal skull fracture & Cervical Vertebrae Fractures	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

17 OC 8
28

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) Automobile Accident
(b) Date of occurrence 28 March 1948 91
(c) Where did injury occur? Doniphan (City or town) Ripley (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At North entrance of City of Doniphan (Specify type of place)
While at work? no (e) Means of injury Automobile
23. Signature M. Kolze 0 (M. D. or other) M.D.
Address Doniphan, Mo. Date signed 28 Mar 1948

(Licensed Embalmer's Statement on Reverse Side)

Ken Orr Reading

RECEIVED 6-18-48
District Health Officer No. 5,
District File Number 448,400
Date Filed 6-18-48

JUL 9 1948

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 Velma Johnson

Licensed Embalmer No. 4271

P. O. Address Douglas, Ariz.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.