

REC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22258
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 461
(b) Township Lexington, Mo. Primary Registration District No. 5625
(c) City Lexington, Mo. (d) Street No. "Joe's Store near Myrick Station" Registered No. 100
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Ida May Shupe
(a) Residence, No. Lerasy Missouri RR No. 1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Mr. Winfield S. Shupe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. her home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amanda
Fairfield Co., OHIO

FATHER 13. NAME William Henry Dickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield County
OHIO

MOTHER 15. MAIDEN NAME Rebecca Bitler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield County
OHIO

17. INFORMANT (ADDRESS) Mrs. Grace Shupe Cook
Lerasy Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Cemetery June 22/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Vernon M. Reppert
Buckner Missouri

20. FILED June 21, 1938 F. B. Bath
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938

22. June 20, 1938 I CERTIFY, That I attended deceased from 1938 to June 20, 1938

I last saw her alive on June 20th, 1938 Death is said

to have occurred on the date stated above, at 5:45 m. P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of the brain

Second attack.

Date of onset

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. D. Cape, M. D.

414 (Address) Lexington, 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,

Vernon M. Reppert

or by

~~XXXXXXXX~~

~~Residence Address No. XXXX~~

work ~~for XXXX~~ ~~under my direct supervision.~~

Signed.....

Vernon M. Reppert

Licensed Embalmer No.

2321

P. O. Address.....

Buckner Misso

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

If this body is not embalmed, above space should be left blank.