

RECD SEP 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Dr. Webb

28929  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
 (b) Township Springfield Mo. Primary Registration District No. 2001 Registered No. 655  
 (c) City Springfield Mo. Street No. Bunge Hospital St.  
 (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

(a) Residence, No. Raymondville Mo.  Raymondville Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Shipp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 1869

7. AGE YEARS 69 MONTHS 7 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cumberman  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Raymondville Missouri

FATHER 13. NAME Robt. Shipp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Armanda McGraw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs. Nettie Fyfe  
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymondville DATE Aug 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Alma Johnson  
Springfield Mo.

20. FILED Aug 30 1938 Chas. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938, to Aug 28, 1938.  
 I last saw him alive on Aug 29, 1938. Death is said to have occurred on the date stated above, at 11:15 m.  
 The principal cause of death and related causes of importance were as follows:

hemorrhage cerebral Date of onset 3-17-38  
59  
 Other contributory causes of importance: Diabetes Mellitus 15 yrs.

Name of operation none Date of  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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? no  
 If so, specify  
 (Signed) Leah R. Webb, M. D.  
 (Address) Springfield Mo.

WRITE CAREFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*John H. Hagan*

*1918*  
*1919*

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**