

REC'D JAN 20 1939

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

44224
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 732
(b) Township Moniteau Primary Registration District No. 4437 Registered No. 732
(c) City Highlee (d) Street No. _____ 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. 100 John Shipp 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene Shipp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar Maker
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) Howard Co Mo.

FATHER 13. NAME J. W. Shipp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.

MOTHER 15. MAIDEN NAME Elmira Hulet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.

17. INFORMANT Albert Robb
(ADDRESS) Highlee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Chapel DATE Nov 6 1938

19. FUNERAL DIRECTOR Joe W. Burton
(ADDRESS) Highlee Mo

20. FILED Nov 6 1938 John W. Winn R.F.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1938 to Nov 5 1938

I last saw him alive on Nov 5 1938 Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Influenza complicated by lobar pneumonia & renal failure.
Date of onset 8 days

Other contributory causes of importance: 11/2

Name of operation None Date of _____
What test confirmed diagnosis? Chemical (as 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 _____, 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? No
If so, specify _____

(Signed) J. W. Winn
(Address) Highlee Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-1021

Date Filed 1/12/39

STATEMENT BY LICENSED EMBALMER

I, L. J. Meister, Licensed Embalmer No. 2737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. J. Meister
.....L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.
Signed L. J. Meister
Licensed Embalmer No. 2737

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.)