REC'D APR 19 1939

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

11763
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon 2 Registration District No. 636
(b) Township Woodside 1 Primary Registration District No. 5843 Registered No. 6
(c) City ..... (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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1 Emmeline M. Sipe
(a) Residence, No. Alton — Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF C. Sipe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 14 - 1876.
7. AGE YEARS 62 MONTHS 7 DAYS 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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) Oregon Co Mo.

FATHER
13. NAME Christopher Millsap
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky — O

MOTHER
15. MAIDEN NAME Cordelia Boze
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. ?

17. INFORMANT (ADDRESS) Jess. Sipe — Alton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE 3/11 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Care Thayer. Mo.
20. FILED 4/4 1939 Enoch Bailey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 8 , 1939
22. I HEREBY CERTIFY, That I attended deceased from 11-19- , 1938, to 3-8- , 1939
I last saw her alive on 11-26- , 1938 Death is said to have occurred on the date stated above, at 6:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	1938

46

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X Rays 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 ....., 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) E. C. Cohrer, M. D.
566 (Address) West Plains. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

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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, above space should be left blank.