

AUG 10 1939

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

25146

Do not use this space.

1. PLACE OF DEATH

(a) County Butter Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 166
(c) City Poplar Bluff (d) Street No. Brandon Loop 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

160 Von Allen Nipper
(a) Residence, No. Gideon mo. R.R. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 4 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Mo.
13. NAME Bon Nipper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Jewell Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
17. INFORMANT (ADDRESS) Father
Gideon mo. R.R.
18. BURIAL, CREMATION, OR REMOVAL PLACE Near Charleston DATE 7/4 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lander's Funeral Home
Comp. Bldg., 9no.
20. FILED 7/4 19 39 Blutinger
Loc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1939
22. I HEREBY CERTIFY, That I attended deceased from June 30th 1938 to July 3rd 1939
I last saw him alive on July 2nd 1939. Death is said to have occurred on the date stated above, at 2¹² a.m.
The principal cause of death and related causes of importance were as follows:
Acute Colitis
Date of onset 6/20/39
Other contributory causes of importance: Impetigo
Name of operation no Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Co. H. Qualls, M. D.
(Address) Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.