

JAN 22 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4158

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 610
 (b) Township Witchell Primary Registration District No. 1 Registered No. _____
 (c) City Went City (d) Street No. _____
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

EDITH HELEN SHIPLEY
 (a) Residence, No. 20 St. Went City, Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1870

7. AGE YEARS 69 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steamfitter
 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) August 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) Mo.

FATHER 13. NAME Robert Newton Shipley

14. BIRTHPLACE (CITY OR TOWN) Cole, Ohio (STATE OR COUNTRY) (Lucas County)

MOTHER 15. MAIDEN NAME Susan Frances Brown

16. BIRTHPLACE (CITY OR TOWN) Ottumwa, Iowa (STATE OR COUNTRY)

17. INFORMANT Bert Shipley (ADDRESS) Went City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Went City, Mo. DATE 1/10 1940

19. FUNERAL DIRECTOR (NAME) Arch C. Dumble (ADDRESS) Went City, Mo.

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 19 40

22. I HEREBY CERTIFY, That I attended deceased from 10-10 19 39 to 1-8 19 40

I last saw h. w. alive on 1-8 19 40 Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Arteriosclerosis Stenosis Pneumonia

Other contributory causes of importance:

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? _____ 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) Bert Shipley M.D.

(Address) Went City, Mo.

87A

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 Arch C. Duffee

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4156
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 903
(b) Township Grant City Primary Registration District No. 45215
(c) City Grant City (d) Street No. _____
(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. Edith Helen Shipley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 9 7

OCCUPATION 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar. 21, 1940 Clifford Hass
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1940

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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? 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) Bentley Neal M. D.
(Address) Grant City Mo