

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether)
In this community 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1110 So. Cypress (If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary Tippins 152

8. (b) If veteran, name war Mary Tippins 60 (c) Social Security No. 1/2

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband, or wife Samuel Tippins 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 1 Dec 27, 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 27 If less than one day 1 min.

9. Birthplace Spondon England (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business
12. Name Stephens England
18. Birthplace England
14. Maiden name Ellen Wright
15. Birthplace England

16. (a) Informant Samuel Tippins (b) Address 1110 So. Cypress

17. (a) Burial (b) Date there of 3/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George C. Brown (b) Address Independence Mo

19. (a) (Date received local registrar) Mch 25, 1940 (Registrar's signature) M. M. Brown

20. DATE OF DEATH: Month March day 24 year 1940 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 16, 1940, to March 23, 1940 that I last saw her alive on Mar. 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Complete suppression of urine
Due to following operation for obstruction of sigmoid
Due on March 20, 1940

Other conditions: Ruptured diverticulum
Major findings: Complete obstruction
Of operations: Non-Malignant
Of autopsy: N.C.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Professional Only (M. D. or other) Date signed: 3/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Raymond Martin
working under my personal supervision.

Registered Apprentice No. 199

Signed L. Martin

Licensed Embalmer No. 3736

P. O. Address Ind. 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.