

FILED MAY 7 1940

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
332 South Oakland Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Webb City
(If outside city or town limits, write "RURAL")
 (d) Street No. 332 South Oakland Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
 year 1940 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from
Oct 16 1939 to May 1 1940
 that I last saw him alive on May 1 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Silicosis
 Due to (SILICO-PULMONARY TUBERCULOSIS)

Due to _____
 Other conditions
(Include pregnancy within 3 months of death)
27

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
372

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature O. Ferguson (M. D. or other) 200
 Address Webb City, Mo. Date signed 5/7/40

8. (a) PRINT FULL NAME Jesse Dipley 140

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Loretta Dipley 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased August 26, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 5 _____ hr. _____ min.

9. Birthplace Taney County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Walter S. Dipley

13. Birthplace unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maxwell

15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Loretta Dipley

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof May 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cartersville Cem.

18. (a) Signature of funeral director W. L. Simpson

(b) Address Webb City, Missouri

19. (a) MAY 3, 1940 (b) W. L. Simpson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1572

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.....

E. W. Hedge

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. W. Hedge

Licensed Embalmer No. *2859*

P. O. Address *Wells City*

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.