

No. 2
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FILED JUL 12 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21280

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 685

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Days
years, months or days

8. (a) PRINT FULL NAME Nora Alice Shipps
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife G. E. Shipps
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 11 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name James A. Wooderson
13. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Stotts
15. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G. E. Shipps
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 6-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gallatin, Sharon Chapel Cemetery

18. (a) Signature of funeral director Hope Furness & Hunt, Co.
(b) Address Gallatin, Missouri

19. (a) June 26 1940 (b) A. J. Westebush 85
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Gallatin, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1940 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5/25, 1940 to 6/24, 1940
that I last saw her alive on 6/24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhagic meningitis
Due to Hypertension
Due to 79

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Edward Owen (M.D. or other) _____
Address Gallatin, Mo Date signed 6/24/40

Duration

5 days
10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Fullerton, 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.