

Registration District 570 240 240 Primary Registration District No. 5332 Registrar's No. _____

1. PLACE OF DEATH:

(a) County DADE North Troy
(b) City or town Greenfield, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME AMEY LOUVENIA SHIPLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James Shipley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 6 18 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Nicholas McGuire

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Johnson

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

16. (a) Informant's own signature Kati Davis

(b) Address Greenfield, Mo.

17. (a) Sept 27 (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town Greenfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour about 7 minute a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration _____

Due to Senility J. W.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. W. Ward (M. D. or other) Coroner

Address Greenfield, Mo. Date signed 9-26-40

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.

RECEIVED

District Health Officer No. 6;

District File Number 1040-2767

Date Filed OCT 21 1940

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.....

J. W. Ward
working under my personal supervision.

....., Registered Apprentice No.

Signed J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, N.H.

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.