

**NOV 12 1940**

1002

Registrar's No. **3991**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town C. C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Trinity Lutheran  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether  
In this community non-Resident  
years, months or days)

8. (a) PRINT FULL NAME Jessie Bell Hipshere  
Jessie Bell Hips here

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

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife James H. Hipshere 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1888 17 18 72  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CLEVELAND Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation HOUSEKEEPER 1

11. Industry or business 1

12. Name JAMES L. HAYPER

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

14. Maiden name SARAH Laffoon

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

16. (a) Informant Seytrude Calhoun

(b) Address 3724 Winndotte K6

17. (a) Burial (b) Date thereof 10-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLEVELAND, MO.

18. (a) Signature of funeral director Geo E Myers

(b) Address CLEVELAND, MO.

19. (a) 10-17-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Cleveland  
(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 Oct. day 15  
year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-2-40  
\_\_\_\_\_ 19 \_\_\_\_\_ to 10-15-40 19 \_\_\_\_\_  
that I last saw her alive on 10-15-40 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Carcinoma of ovary 5 months  
49 ??

Due to \_\_\_\_\_

Other conditions in prior illness  
(Include pregnancy within 3 months of death)

Major findings: Of operations Ca ovary

Of autopsy same as above

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? \_\_\_\_\_

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

23. Signature Geo. Norder, M.D. (M. D. or other)  
Address Parson, Bld. K. C. Mo Date signed 10/17/40

Duration

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 Geo. C. Myers

Licensed Embalmer No. 2577

P. O. Address Cleveland Ohio

**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.**