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13-40  
7-39  
X23159

NOV:15 1940. **89**  
Registration District No.

Primary Registration District No. **3007**

Registrar's No. **316**

1. PLACE OF DEATH:  
 (a) County **Butler**  
 (b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Poplar Bluff 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 **L:**  
years, months or days

3. (a) PRINT FULL NAME **Benjamin Harrison Shipton**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Lillie** 6. (c) Age of husband or wife if alive **52** years  
 7. Birth date of deceased **February 27, 1889**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>7</b>	<b>20</b>	_____ hr. _____ min.

9. Birthplace **Taskee, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Self**

12. Name **F. M. Shipton**

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

14. Maiden name **Mary Hightower**

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

16. (a) Informant **Robert Shipton**

(b) Address **Chaiona Missouri**

17. (a) **burial** (b) Date thereof **10-18-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cool Springs**

18. (a) Signature of funeral director **Greer Crow**  
**Poplar Bluff Missouri**

(b) Address **10-25-40**

19. (a) **10-25-40** (b) **Chausinger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Wayne**  
 (c) City or town **Taskee**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16**  
 year **1940** hour **4** minute **55** A. M.

21. I hereby certify that I attended the deceased from **Aug 1st**, 19**44**, to **Oct. 16**, 19**40**,  
 that I last saw him alive on **Oct. 15**, 19**40**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic paratyphoid infection  
 + chronic interstitial nephritis**

Due to **Chronic Nephritis**

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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?  
(Specify type of place) (e) Means of injury

23. Signature **W. M. Shipton** (M. D. or other) **1**

Address **Poplar Bluff Mo** Date signed **10-16-40**

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

12  
2  
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**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

*B. J. Bretninger*

working under my personal supervision.

Registered Apprentice No. *208*

Signed

*[Handwritten Signature]*

Licensed Embalmer No. *2474*

P. O. Address *Doplar Bluff, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**