No. 2
1-13-40
-17-39
X23159

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1733

State File No.

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 23

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

10
2
4

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospl 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 227 - 2nd Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME VERNIE LEE SHIPE

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Baby 0
6. (b) Name of husband or wife BABY
6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Aug (Month) 16th (Day) 1940 (Year)

8. AGE: Years X Months 5 Days 13 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Baby
11. Industry or business
FATHER
12. Name Everet SHIPE
13. Birthplace Boone Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name ALICE MAE ALLEN
15. Birthplace Boone Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Everett Shipe
(b) Address 227 - 2nd Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 30 (Day) 41 (Year)
(c) Place: burial or cremation Columbia Cem
18. (a) Signature of funeral director R. Willett
(b) Address Columbia, Mo
19. (a) 1/29/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Jan 29, 1941;
that I last saw him alive on Jan 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Labar — Duration 1 week

Due to

Due to 108

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia

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

23. Signature W. O. Denzer (M. D. ~~[illegible]~~ D)
Address Columbia, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3183

P. O. Address.....

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

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