

FILED FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1768

State File No. \_\_\_\_\_

Registration District No. 74

Primary Registration District No. 5113

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Hallsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 - Rubin Hart  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
years, months or days Four and half months

3. (a) PRINT FULL NAME Katie Belle Tipton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 69-240

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

6. (b) Name of husband or wife River Tipton 6. (c) Age of husband or wife if alive dead years \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7. Birth date of deceased Feb. 22 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmers wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name David M. Tindler

13. Birthplace Mo. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Thompson

15. Birthplace Mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Rozier Tipton

(b) Address 77 Hallsville Mo.

17. (a) Burial (b) Date thereof 1-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plasant Grove Cem.

18. (a) Signature of funeral director Y. J. Shack

(b) Address Hallsville Mo.

19. (a) 1-20-41 (b) Thos. J. Lawrence  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Hallsville Rural 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 06  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-17- day 1  
year \_\_\_\_\_ hour 7:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec. 1 1940  
\_\_\_\_\_, 19\_\_\_\_, to Jan. 17 1941  
\_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on Jan. 16  
\_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cong. Bronch Duration 5 years

Due to \_\_\_\_\_  
Due to 2nd 4 1/2

Other conditions emphysema 2 weeks  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

75  
While at work? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (Means of injury)

23. Signature Thos. J. Lawrence M. D. or other) \_\_\_\_\_  
Address Centalia Mo Date signed \_\_\_\_\_

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

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2.3

**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 *M. V. Phitrides*

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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, fact should be so stated above.**