

No. 2  
-13-40  
17-39  
X23159

FILED MAR 14 1941

Registration District No. 399

Primary Registration District No. 1002

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

Registrar's No. 592

1. PLACE OF DEATH: Jackson, 48  
 (a) County... Jackson, 3  
 (b) City or town... Kansas City, 8  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Luke's Hospital, 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day,  
(Specify whether  
 In this community... Since 1896,  
years, months or days)

3. (a) PRINT FULLNAME Mrs. Lillian B. Nipp,  
 3. (b) If veteran, name war... no.  
 3. (c) Social Security No. no.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married,  
 6. (b) Name of husband or wife John C. Nipp,  
 6. (c) Age of husband or wife if alive Unknown, years  
 7. Birth date of deceased Unknown,  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 About 68 hr. min.

9. Birthplace Michigan, 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,  
 11. Industry or business X

12. Name Unknown,  
 13. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,  
 15. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Nipp,  
 (b) Address 7444 Mercier, Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2/10/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48  
 (a) State Missouri, (b) County Jackson, 3  
 (c) City or town Kansas City, 8  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7444 Mercier,  
(If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? no 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th  
 year 1941 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 6, 1941 to Feb 7, 1941  
 that I last saw her alive on Feb 7, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Embolism  
 of spinal meningitis (Pneumococcus) 3 da  
 Duration

Due to 1/21  
 Due to 1/21

Other conditions Broncho pneumonia 3 hrs  
 (include pregnancy within 3 months of death)  
 Cholelithiasis 5 yrs.

Major findings:  
 Of operations  
 Of autopsy Acute Embolism of spinal meningitis (Pneumococcus).  
 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) No  
 (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 0

23. Signature Ostrom J. P. (M. D. or other) PD  
 Address 315 Alameda Rd. St. Louis Date signed 2-8-41

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

MOTHER FATHER

Dr. Ridge,  
315 Alameda Rd

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

Willis H Bennett, Registered Apprentice No. 282  
working under my personal supervision.

Signed E. G. Allen  
Licensed Embalmer No. 1710  
P. O. Address J. C. 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.