

S. No. 2
-1-4-41
5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 13 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13987
Registrar's No. 469

Registration District No. 85
Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Meth Hosp.
(d) Length of stay: In hospital or institution 21 days
In this community 21 days

3. (a) PRINT FULL NAME Lucy C. Wiphoff
3. (b) If veteran, name war: -
3. (c) Social Security No. -

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Wiphoff
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 12 - 1876

8. AGE: Years 65 Months 0 Days 15
If less than one day hr. min.

9. Birthplace DeKalb County, Missouri

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name John Hicks

13. Birthplace Paris, Ind.

14. Maiden name Elmore Clark

15. Birthplace Ohio

16. (a) Informant Henry Wiphoff

(b) Address Stewartville Mo.

17. (a) Burial (b) Date thereof Apr - 29 - 1941

(c) Place: burial or cremation Amity Mo.

18. (a) Signature of funeral director F. J. Ryan

(b) Address Stewartville, Mo.

19. (a) 4-28-1941 (b) N. J. Nestlebaum

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Stewartville Mo Rural
(d) Street No. 0
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 27
year 1941 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Mar 30
1941 to Apr 27 1941
that I last saw her alive on Apr 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis
Chronic Hepatitis

Due to 12/8
Due to

Other conditions Obstructive jaundice
(Include pregnancy within 3 months of death) 6 weeks

Major findings:
Of operations none
Of autopsy none

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85

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

23. Signature E. M. Shore (M. D. or other) MD.
Address 317 Kirkpatrick Bldg Date signed 4-28-41

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

MOTHER FATHER

Duration
unknown
3 mos.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *F. G. Lyon*

Licensed Embalmer No. *952*
P. O. Address..... *Stewartville 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.