

STANDARD CERTIFICATE OF DEATH

State File No. 16161

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 1234

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washburn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs +
In this community same (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. DK. (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME THOS J LIPE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased About 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months ? Days ? If less than one day hr. min.

9. Birthplace Bates Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

12. Name unknown

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

14. Maiden name "

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

16. (a) Informant Hosp. Records

(b) Address St Hosp #3 Nevada Mo

17. (a) Burial (b) Date thereof 4/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Hosp. Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) 4-25-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17
year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1939 to 4/17 1941
that I last saw him alive on 4-17- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis with Myocardial Degeneration
Duration DK

Due to DK
Due to DK
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations DK
Of autopsy DK

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) DK

(b) Date of occurrence DK

(c) Where did injury occur? DK
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? DK
While at work? (Specify type of place) (e) Means of injury

23. Signature J. A. Probst (M. D. DK)
Address Nevada Mo Date signed 4/18/41

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

8
0
0

RECEIVED

District Health Officer No. 7

District File Number 5-46-789

Date Filed 5-7-41

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

Lloyd R. Wimsatt

Licensed Embalmer No.

3857

P. O. Address

Nevada, 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, above space should be left blank.