S. No. 2
—4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17755

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 49

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

36
6
2

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Niernstein
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 29 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin 36
(c) City or town Washington, Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. Niernstein Station
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John David Shipley
3. (b) If veteran, name war ✓
3. (c) Social Security No. 488-16-7071
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ellen Shipley
6. (c) Age of ~~husband~~ or wife if alive 57 years
7. Birth date of deceased 2 (Month) 29 (Day) 1872 (Year)

8. AGE: Years 69 Months 3 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Jackson County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer on Railroad
11. Industry or business Railroad
FATHER
12. Name Joe Shipley
13. Birthplace Jackson Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Clyde Weirich
(b) Address Washington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Presley Cem Washington Mo
18. (a) Signature of funeral director Nuberg & Hitt Inc
(b) Address Washington Mo
19. (a) June 12-1941 (Date received local registrar) (b) H A Mag (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1941 hour 1:00 minute 1:55 P. M.
21. I hereby certify that I attended the deceased from May 28, 1941 to June 10, 1941; that I last saw him alive on June 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

Duration

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? 270 (Specify type of place)
While at work? (e) Means of injury
23. Signature R L Poor (M. D. or other) M.D.
Address Washington Mo Date signed 6/11/41

(Licensed Embalmer's Statement on Reverse Side)

AM

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 me Lester H. Utt, Registered Apprentice No. ..... working under my personal supervision.

Signed Lester H. Utt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.