. 2
3-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25247

FILED AUG 16 1941

Registration District No. 198

Primary Registration District No. 55543019

Registrar's No. 201

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11320 East 10th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048 4
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. 11320 East 10th Street (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John W. FLIPPIN
3. (b) If veteran, name war None
3. (c) Social Security No. 490-09-1969
4. Sex Male 0
5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Flippin
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. 21 - 1879 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace California (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Service Sta. Attendant
11. Industry or business
MOTHER FATHER
12. Name Henry Flippin
13. Birthplace Benton Co. Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Mary Jane Crine
15. Birthplace St. Joseph Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Dora Flippin
(b) Address 11320 East 10th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cem
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence
19. (a) July 24-41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 8, 1940, to July 21, 1941; that I last saw him alive on July 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	9 Mos
Due to Coronary Occlusion	8 Mos
Due to 944	
Other conditions none (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. J. Dlabal M.D. (M. D. or other) 0
Address 10307 Elmdep. Ave, N.C. Mo. Date signed 7-23-41

500

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.