

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town Rural, Miller Two
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Miles north of McFall, Mo. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 68 years years, months or days

3. (a) PRINT FULLNAME Charles Oscar Chipp
 (b) If veteran, name war no
 (c) Social Security No. none

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Ann Chipp
 (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Mar 8 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 6 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Tan Chipp
 13. Birthplace Dont Know
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann McGee
 15. Birthplace Dont Know
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ann Chipp
 (b) Address McFall, Mo.

17. (a) Burial (b) Date thereof 10/24/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery
1 Mile south Newhampton, Mo.

18. (a) Signature of funeral director S. S. ...
 (b) Address Pattonsburg, Mo.

19. (a) Oct 28 1941 (b) Nora Mothenshead
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Gentry
 (c) City or town rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 Miles North McFall, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 21
 year 1941 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 11th 1941 to Oct 21st 1941
 that I last saw him alive on Oct 20th 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Livers

Due to Chronic Cholecystitis
Gall Stones

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations A. G. B.
 Of autopsy _____

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? _____

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

23. Signature W. S. Campbell (M. D. D)
 Address Albany, Mo Date signed Oct 23 1941

Duration Unknown
3 years
2 mos?
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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

G. Schomer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.