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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39064

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 334

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 44 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 423 S. New York
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HOMER FRANKLIN TIPTON

3. (b) If veteran, name war WORLD WAR

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Sylvia Irene Tipton

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased AUG. (Month) 18 (Day) 1893 (Year)

8. AGE: Years 38 Months Days If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business W.P.A.

FATHER
12. Name John Will Tipton
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Ashlin Sutter
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Homer F. Tipton
(b) Address Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Timbers, Mo.

18. (a) Signature of funeral director Unknown
(b) Address

19. (a) 11-14-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1941 hour 7:30 P.M. minute M.

21. I hereby certify that I attended the deceased from 11/10, 1941, to 11/12, 1941; that I last saw him alive on 11/12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain injury	2 dy.
Due to: Auto accident on 11/10-41	
Due to:	
Other conditions (Include pregnancy within 3 months of death): MOC	
Major findings: Of operations —	
Of autopsy No	

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) accident
(b) Date of occurrence 11/10-41
(c) Where did injury occur? Highway 50 (City or town) Elden (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway No 50
While at work? (Specify type of place) (e) Means of injury collision

23. Signature J. P. Dyer (M. D. or other)
Address Sedalia Mo Date signed 10/14/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1941 DEC 22 1941

RECEIVED
District Health Officer No. 8,

District File Number .....
Date Filed 11-24-41

DEC 1 1941

DEC 1 1941

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. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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

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