

DEC 22 1941 875

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 344

1. PLACE OF DEATH:

(a) County Verde  
(b) City or town Nevada City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether  
In this community 2 days 0  
years, months or days)

3. (a) PRINT FULL NAME Bernal Rodney Shipman

3. (b) If veteran, name war no (c) Social Security No. 498-03-5661

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ma Mae Shipman 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March 22 1909  
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Linn Creek, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business Automotive Supply

12. Name Geo. W. Shipman

13. Birthplace Linn Creek, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Della Butler

15. Birthplace Laclede County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Shipman

(b) Address Okla. City Okla.

17. (a) Burial (b) Date thereof Dec. 3-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cem.

18. (a) Signature of funeral director Bankson - Wooley

(b) Address Camdenton, Mo.

19. (a) 12-9-41 (b) Allen J. Davis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County A. Clair  
(c) City or town Osceola  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day second  
year 1941 hour 4 minute 43 A.M.

21. I hereby certify that I attended the deceased from Nov. 30, 1941, to Dec. 2, 1941;  
that I last saw him alive on Dec. 1, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Head injury  
probable basal fracture  
fracture second cervical vertebra  
Due Automobile accident

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1700-6

Major findings: Of operations 1700-6

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 30 1941 093

(c) Where did injury occur? near Collins St. Okla. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway

While at work? No (Specify type of place) (e) Means of injury Auto accident

23. Signature CR King (M. D. or other) \_\_\_\_\_

Address Nevada, Mo. Date signed 12-2-41

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

8  
1  
2

APR 29 1947

DEC 19 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

*Abbi Banker Wooley*

Licensed Embalmer No.

*2488*

P. O. Address

*bandeater, N*

**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.**