

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1323

Registrar's No. 276

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo

(c) Name of hospital or institution: Kansas City Bonvallet & Home
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Lippus, George

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color of race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: 83 Years Unknown Months Unknown Days Unknown If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cato & Speake

(b) Address Independence, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Seeds, Mo

18. (a) Signature of funeral director Cato & Speake

(b) Address Independence, Mo

19. (a) 2/1/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3200 Parkledge St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 11 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 42 hour 12:30 minute a M.

21. I hereby certify that I attended the deceased from 7-14-40 to 1-14-42 that I last saw him alive on 13 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Atherosclerosis

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 J. H. M... 0 (M. D. or other) Address 3200 Parkledge Date signed 1-17-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 mp

....., Registered Apprentice No.
working under my personal supervision.

Signed Poland Speaks
Licensed Embalmer No. 3604
P. O. Address Independence, 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.