

6. 2
-4-41
7-39
K26390

FILED FEB 12 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 9

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town RFD #2, Lees Summit, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lees Summit, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Lees Summit, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1942 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from 9-3, 1941 to 1-28, 1942
that I last saw her alive on 1-27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
Probably in Pons Duration 6 mo

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

Major findings:
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MISS NORMA JEAN TIPPETT

3. (b) If veteran, name war No 3. (c) Social Security No. No.

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

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

7. Birth date of deceased MAY 23 1935
(Month) (Day) (Year)

8. AGE: Years 6 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace NEAR Lees Summit Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation 15th GRADE STUDENT

11. Industry or business GREENWOOD SCHOOL

12. Name CECIL B. TIPPETT

13. Birthplace Breckenridge Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. MAE PARK

15. Birthplace Lone Jack Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil B. Tippett
(b) Address Lees Summit Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo.

18. (a) Signature of funeral director D.W. Newcocker's Sons
(b) Address 1401 BRUSH Green K. CM.

19. (a) Jan 28 1942 (Date received local registrar) (b) F. M. Beckwith (Registrar's signature) (c) Lees Summit Mo (Address)

1162 (Licensed Embalmer's Statement on Reverse Side)

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..... *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address..... *K. C. M.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2481

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

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

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norman J. Tjepeth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased: May 23 1905
(Month) (Day) (Year)

8. AGE: Years 6 Months 8 Days _____ if less than one day _____ min.

Duration _____

Due to Probably benign tumor probably in Poles.

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) _____

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

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

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 1/24/42

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

SUPPLEMENTARY

