. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

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AUG 6 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10442

State File No.

Registration District No. 123 Primary Registration District No. 3009 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 302a Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 58 yrs — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 016
(If outside city or town limits, write "RURAL")

(d) Street No. 302a Broadway. 1 4
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Augusta Kipping

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

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

6. (b) Name of husband or wife Louis Kipping. 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March (Month) 25 (Day) 1862 (Year)

8. AGE: Years 79 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Stetten Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name August Busch 4
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. A. Weilpuetz.
(b) Address Cape Girardeau. Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director J. C. Howell
(b) Address Cape Girardeau. Mo

19. (a) 3/27/42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1942 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1 Jan 1942 10/20 1942, to Mch 13-10/30 P.M. 1942 that I last saw her alive on Pm 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage & Arr

Due to Sclerosis (Arterial)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a'

Of autopsy

Duration

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)

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

While at work? (e) Means of injury

23. Signature W. H. Wescott (M. D. or other)

Address Cape Girardeau Mo Date signed 3/16/42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 42 - 499
Date Filed 4-15-42

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 Joe G Hounce

Licensed Embalmer No. 2390

P. O. Address Cape Girardeau 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.