

U.S. No: 2
Form 9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13423
State File No. _____
Registrar's No. **1569**

FILED MAY 12 1942
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4621 Wyoming
(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 **34 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4621 Wyoming**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. Warren Bird Lippincott**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **No**
3. (c) Social Security No. **492-18-6308**

20. DATE OF DEATH: Month **April** day **19th**
year **1942** hour **9** minute **30** A.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Kittie May Lippincott**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **January 13 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1941** to **April 19 1942**
that I last saw him alive on **March 19 1942**
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **3** Days **6**
If less than one day hr. min.

Immediate cause of death **Coronary Thrombosis**
Duration **5 min.**

Due to **Arteriosclerotic Heart Disease**
Duration **5 years**

9. Birthplace **Du Quoin Illinois**
(City, town, or county) (State or foreign country)

Other conditions **93**
(Include pregnancy within 3 months of death)

10. Usual occupation **Chief Appraiser**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business **Shryock Realty Company**

12. Name **Thomas Winthrop Lippincott**

13. Birthplace **Upper Alton Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Bird**

15. Birthplace **Wm. Mo. Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Lippincott**

(b) Address **4621 Wyoming**

17. (a) **Cremation** (b) Date thereof **Apr. 21, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Funeral by cremation D. W. Newcomer's Sons**

18. (a) Signature of funeral director **D. W. Newcomer's Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **4-21-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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)
Means of injury **D**

23. Signature **Thos. P. Wheeler** (M. D. or dentist)
Address **1500 Prof. Bldg** Date signed **4-21-42**

ME

364

1566 Professional Bill
1-4

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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address. *H. C. Newcomer*

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.