

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18232

State File No. \_\_\_\_\_

FILED JUN 10 1942

Registration District No. 471

Primary Registration District No. 2002

Registrar's No. 209

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

1. PLACE OF DEATH: Jasper  
 (a) County Jasper  
 (b) City or town Carthage  
 (c) Name of hospital or institution Freeman Hospital & Joplin Mo  
 (d) Length of stay: In hospital or institution 3 days  
 In this community 55 years

2. USUAL RESIDENCE OF DECEASED: 49  
 (a) State Missouri (b) County Jasper  
 (c) City or town Carthage  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME PETER FRANCIS SHIPPEN

3. (b) If veteran, name war no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased October 9 1854

8. AGE:	Years	Months	Days	If less than one day
	87	7	9	hr. min.

9. Birthplace Park Co Indiana 1

10. Usual occupation Retired Miner

11. Industry or business None

12. Name John Shippen

13. Birthplace Unknown 9

14. Maiden name Unknown

15. Birthplace Unknown 9

16. (a) Informant Mrs. R. C. Grantham

(b) Address 720 Porter Ave Joplin Mo

17. (a) Burial (b) Date thereof May 20 - 1942

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knell Mortuary (b) Address Carthage Mo

19. (a) 5-19-1942 (b) Husted Hedholler

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 8:00 to May 18, 1942 that I last saw him alive on May 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion

Due to Atherosclerosis

Due to Aneurysm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration 10 days

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?

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

While at work? (Specify type of piece) (b) Means of injury

23. Signature J. L. Huff (M. D. or other) Address Joplin Mo Date signed 5/19/42

1209 (Licensed Embalmer's Statement on Reverse Side)

425459

BR 11/11

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 *Emil R. Stuebel*

Licensed Embalmer No. *391*

P.O. Address: *Carthage*

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.