S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21227

Registration District No. 316 Primary Registration District No. 2001 Registrar's No. 464

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 22
(a) State Mo. (b) County Christian
(c) City or town Ozark
(If outside city or town limits write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Shipman, Mr. Sam.
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased March (Month) 16 (Day) 1902 (Year)

8. AGE: Years ✓ 40 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Ozark (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Ike Shipman
13. Birthplace Unknown, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia Garrison
15. Birthplace Unknown, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lydia Shipman
(b) Address Ozark Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) 6-23-42 (Date received local registrar) (b) Dr W. G. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 5 P.M. minute 55 P. M.
21. I hereby certify that I attended the deceased from June 9, 1942 to June 21, 1942 that I last saw him alive on June 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis to heart	
Due to Peritonitis & thrombophlebitis	
Due to Ruptured peptic ulcer 1st part of duodenum anterior	3 wks.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Anterior perforated duodenal ulcer	
Of autopsy 117a	

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 Stanley D. Roper (M. D. or other) M.D.
Address Ozark, Mo. Date signed 6-24-42

707

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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, above space should be left blank.