FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22382
Do not use this space.

97 1 2

1. PLACE OF DEATH
(a) County SALINE Registration District No. 7956
(b) Township Primary Registration District No. 3038 Registered No.
(c) City MARSHALL (d) Street No. MISSOURI STATE SCHOOL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT PAUL PIPPIN
(a) Residence, No. MARSHFIELD St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 11 1922
7. AGE YEARS 19 MONTHS 5 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARSHFIELD MISSOURI

FATHER
13. NAME ROBERT S PIPPIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEBSTER COUNTY MISSOURI

MOTHER
15. MAIDEN NAME ALMA UPSHAW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEBSTER COUNTY MISSOURI

17. INFORMANT RECORDS
(ADDRESS) MISSOURI STATE SCHOOL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE July 3 1942

19. FUNERAL DIRECTOR (NAME) Don Shoal
(ADDRESS) Marshall Mo

20. FILED 7-2 1942 Mrs T. O. Westbrook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 1ST 1942

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 15 1941, to JUNE 30 1942
I last saw him alive on JUNE 30 1942 Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY-INTESTINAL TUBERCULOSIS	
LOW GRADE IDIOT	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? PULSE Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Elmer Romaine Bowdish, M. D.
(Address) Missouri State School, Marshall

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUMMIT-12-38 I X14028

RECEIVED
District Health Officer No. 8

District File Number .....

Date Filed 7-14-42

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.