S. No. 2
I—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23640

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2750

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: St. Joseph Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no time (Specify whether In this community Died on arrival, Visiting in Kansas City years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Milwaukee WISCONSIN (b) County Milwaukee 999 40 0

(c) City or town Milwaukee (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Eugene M. TIPTON

3. (b) If veteran, name war NONE

3. (c) Social Security No. 495-07-7047

4. Sex O Male

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Marie Louise Tipton

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased September 27th, 1907. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	9	19	hr. min.

9. Birthplace Tipton Ford, Mo. (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Office Manager

11. Industry or business E. Fisher - Typewriter Company

FATHER
12. Name James W. Tipton
13. Birthplace (City, town, or county) Tenessee 1 (State or foreign country)

MOTHER
14. Maiden name Minnie E. Lofton
15. Birthplace (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant Mrs Marie L. Tipton

(b) Address Milwaukee, Wisconsin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody - McGilley

(b) Address K. C. Mo.

19. (a) 7/18/42. (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 42 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from Crowe, 19..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Primary Thrombosis

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Seafone

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 O. Heath (M. D. or other)

Address Date signed

361 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.