

FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27594

Registration District No. 492

Primary Registration District No. 5652A

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marion  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
0  
(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)

3. (a) PRINT FULL NAME MOLLIE SHIPP

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race Cal

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife.....

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

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 hr. min.

9. Birthplace Linn County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Jourdin Dyer

13. Birthplace Linn County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant James Shipp

(b) Address Marion Mo

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
Marion Mo 7-26-42

(c) Place: burial or cremation.....

18. (a) Signature of funeral director W.P. Karcher

(b) Address 2625 Glasgow

19. (a) July 26-42 (b) Mrs. Susan Dixon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

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

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1942 hour 4:30 minute 30 M.

21. I hereby certify that I attended the deceased from July 5 1942 to July 23 1942  
that I last saw her alive on July 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis (Hemiplegic)

Due to arterial sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83d

Major findings:  
Of operations.....

Of autopsy.....

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?

While at work..... (Specify type of place)  
(e) Means of injury.....

23. Signature W. H. Steinbit (M. D. or other).....

Address 2625 Glasgow Date signed 7/24/42

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AUG 22 1942

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

*A. D. Richardson*

Licensed Embalmer No.

*2928*

P. O. Address

*2625 Glasgow*

**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.