

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29773

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 174

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Paris Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lipscomb, Millard Lewis Jr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Estelle Anderson Lipscomb 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec 27 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace Hopkinsville Ky (City, town, or county) (State or foreign country) 1

10. Usual occupation has been salesperson - now work in state auditor office.

11. Industry or business _____

MOTHER FATHER

12. Name Lipscomb, Mrs Millard Lewis
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Anna Robinson Lipscomb
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margant Anderson Johnston

(b) Address 323 S. Rockhill Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Fenn Ows

(b) Address Columbia, Mo

19. (a) 8-20-42 (Date received local registrar) (b) Edw H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1942 hour 4:40 minute _____ A.M. _____

21. I hereby certify that I attended the deceased from Aug 15 1942 to Aug 15 1942
that I last saw him alive on Aug 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, Bronchitis Duration 24 hrs
Due to myocarditis, chronic.

Other conditions _____ (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy _____

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 Edw H Barber (M. D. or other) 0
Address 1250 S. Columbia Mo Date signed 8/19/42

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.....

M. V. Ritzsch

Licensed Embalmer No. *3893*

P. O. Address.....

Calverville, 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, fact should be so stated above.