

FILED NOV 12 1942

State File No. _____

Registration District No. 275

Primary Registration District No. 5938

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Uniontown Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Mary Ludwina Dippel

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

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Mar 26 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Derre Haute Ind
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Theodor Shenk

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

14. Maiden name Elizabeth Shenk

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

16. (a) Informant Mary J. Cook

(b) Address Newburg Mo

17. (a) Burial (b) Date thereof Sept 28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg Mo

18. (a) Signature of funeral director Dee Johnson

(b) Address Newburg Mo

19. (a) 9-22-42 (b) Ketty Chalke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps 81
(c) City or town Newburg Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1942 hour 1 minute 40 a.m.

21. I hereby certify that I attended the deceased from Jan 1942 to Sept 26 - 1942
that I last saw her alive on Sept 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver

Due to _____

Due to H68

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

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 R.E. Brewer (M. D. or other) _____
Address Newburg Mo Date signed 10/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address. Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 34531

Registration District No. 275

Primary Registration District No. 5938

Registrar's No. 10

1. PLACE OF DEATH: Phelps
 (a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:.....
 (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 May L Dippel
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W
 6. (b) Name of husband or wife Peter Dippel 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased mar 26 1916
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 2 If less than one day min.
end

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....
 13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

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

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County.....
 (c) City or town..... (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 Sept Day 4 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

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)

(b) 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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

1942

S-34531