S. No. 2
M—1-4-41
v. 5-17-39
I X25390

44
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37209

Registration District No. 139 Primary Registration District No. 5533 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Forbes
(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 83 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Holt 0

(c) City or town Forbes 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Sipes

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

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

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased January (Month) 17 (Day) 1859 (Year)

8. AGE: Years 83 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Holt County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Unknown ~~Missouri~~
15. Birthplace Unknwon (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ernest Sipes
(b) Address Forbes, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 25 (Day) '42 (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Terhune- Clark
(b) Address Savannah, Missouri

19. (a) 11-25-42 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to Nov 24, 1942
that I last saw him alive on Nov 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	4 Mths
Due to 83 b	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	1 Year

Major findings:
Of operations —
Of autopsy none

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? none (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 C. F. Kearney (M. D. or other)
Address Bergan Date signed 11/25/42

1188 (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 Lan Clark

Licensed Embalmer No. 4216

P. O. Address Savannah

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.