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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6551

Registration District No. 8 1538 Primary Registration District No. 4239 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lee's Summit (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 207 West 3rd 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Lee's Summit Mo. 1 (If outside city or town limits, write "RURAL") 0

(d) Street No. 207 W. 3rd (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Larry Duane Shippy

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Dec (Month) 18 (Day) 1937 (Year)

8. AGE: Years 5 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Lee's Summit Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Ward Shippy
13. Birthplace Oak Grove Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrtle Fann
15. Birthplace Oak Grove Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Ward Shippy

(b) Address Lee's Summit Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Kogu Cemetary

18. (a) Signature of funeral director N B Langford

(b) Address Lee's Summit Mo

19. (a) Feb. 28, 1943 (Date received local registrar) (b) F. M. Schick By Effie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-26, 1943 to 2-26, 1943 that I last saw him alive on 2-26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myeloblastic Leukemia	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 74a	
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? (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 [signature] (M. D. or other) MD

Address Lee's Summit Mo Date signed 2-26-43

1162

(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 N. B. Langsford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.