

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14650

State File No. _____

Registrar's No. 21

FILED MAY 7 1943
Registration District No. 187

Primary Registration District No. 4256

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
not hospitalized
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 years, months or days) 45 years

3. (a) PRINT FULL NAME THOMAS BEADFORD SHIPPY
 3. (b) If veteran, name war no 3. (c) Social Security No. 500-03-6416

4. Sex male 5. Color or race cauc 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lena Maness Shippy 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased May 5, 1873
 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation W.P.A.

11. Industry or business laborer

MOTHER FATHER { 12. Name Lewis Shippy

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

14. Maiden name Matilda Stites

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

16. (a) Informant Hazel Glaunch
 (b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Apr. 18, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp
 (b) Address Holden, Missouri.

19. (a) 4-22-43 (b) Mrs Frank Morris
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Holden (If outside city or town limits, write "RURAL")
 (d) Street No. none (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day April
 year 1943 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from August 7, 1939 to April 18, 1943
 that I last saw him alive on April 14, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to gfa

Due to _____

Other conditions Gen Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Kelly Rawlins (M. D. or other) _____

Address Holden Mo Date signed 4/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1602

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed ~~4-22-43~~
5-6-43

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

Samuel B. Rapp

Licensed Embalmer No.

4044

P. O. Address

Holden, 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.