

FILED JUL 13 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2884

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home-- 1414 Highland /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. At Home-- 1414 Highland  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sally Fippins

3. (b) If veteran, name war None 3. (c) Social Security No. 496-03-0362

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Fippins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 7, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Maid- Hotel

11. Industry or business Hotel

MOTHER { 12. Name Charles H. Barnes

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

14. Maiden name Celia Johnson

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

16. (a) Informant Melvin A. Barnes

(b) Address 1708 Banneker, Richmond Heights

17. (a) removal (b) Date thereof 6/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson, Mo.

18. (a) Signature of funeral director W. E. Brown

(b) Address 1729 Lydia  
 19. (a) 6-29-43 (b) W. E. Brown  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 12:00 minute a: M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
 Due to \_\_\_\_\_

Due to Acute Pulmonary Edema

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

Major findings: Of operations \_\_\_\_\_

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Mode 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 W. E. Brown (M. D. or other)

Address 1832 Vine Date signed 6-28-43

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

**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..... *L. Gerona Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

**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.**