

3. No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20738**

FILED JUL 2 1943  
Registration District No. **27**

Primary Registration District No. **5043**

Registrar's No. **22**

**1. PLACE OF DEATH:**  
 (a) County Barry  
 (b) City or town Seligman *Seligman*  
 (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 1 day  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Barry  
 (c) City or town Seligman  
 (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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** Infant Fipps  
**3. (b) If veteran,** name war None  
**3. (c) Social Security No.** None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 2  
 year 1943 hour 8 minute 00 A. M.

**4. Sex** Male **5. Color or race** White  
**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** June 1 1943  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
June 1, 1943 to June 2, 1943  
 that I last saw him alive on June 2, 1943  
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years    | Months   | Days     | If less than one day |
|---------|----------|----------|----------|----------------------|
|         | <u>0</u> | <u>0</u> | <u>1</u> | hr. _____ min. _____ |

**Immediate cause of death**  
Convulsions  
premature birth  
 Other conditions (Include pregnancy within 3 months of death)  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
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**9. Birthplace** Seligman Missouri  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** William Fipps  
**13. Birthplace** Benton County, Arkansas  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Thelma Walden  
**15. Birthplace** Benton County, Arkansas  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. James Walden  
**(b) Address** Seligman

**17. (a)** Burial **(b) Date thereof** 6/4/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Seligman Cemetery  
Koon Funeral Home

**18. (a) Signature of funeral director** \_\_\_\_\_  
**(b) Address** Cassville, Missouri

**19. (a)** June 9 1943 **(b)** Grace Williams  
 (Date received local registrar) (Registrar's signature)

**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)  
**(c) Means of injury** \_\_\_\_\_  
**23. Signature** Dr. Chas. R. Brown (M. D. or other)  
**Address** Seligman Mo **Date signed** June 3, 1943

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

0050

1097

1943

RECEIVED

District Health Officer No. 6,

District File Number 643-752

Date Filed JUN 29 1943

RECEIVED  
District Health Officer No. 6,  
District File Number  
Date Filed

*Body was not embalmed*

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 *John E. Meyer*  
Licensed Embalmer No. 3220  
P. O. Address Carrville, 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.