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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24570

State File No.

Registration District No. 50 75

Primary Registration District No. 51768

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Camden

(b) City or town Richland Rural Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Camden 15

(c) City or town Rural 0
(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 0

**3. (a) PRINT FULL NAME** Edward Shipley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Apr 11 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Shannon Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name us
13. Birthplace State Texas 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Fannie Shipley
(b) Address Richland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation Moses Cemetery

18. (a) Signature of funeral director R B Jeeper
(b) Address Richland Mo

19. (a) 6-16-43 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day 28
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 25 1943 to May 5 1943
that I last saw him alive on May 27 1943
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Apoplexy | 1 mo. |
| Due to unknown | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 830 | |

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 0

23. Signature Everett A. Oliver M.D. (M. D. or other)
Address Richland Mo. Date signed

1337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-43-707
Date Filed 7-15-43

**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 R B Dupee

Licensed Embalmer No. 3198

P. O. Address Richland

**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.**