

S. No. 2
M-2-43
5-17-39

27553

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 89

Primary Registration District No. 5013

FILED SEP 9 1943

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Jackson Twp
(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 _____ (Specify whether _____)

In this community 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Jackson Township
(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 Lillian May Tipton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Edwin Tipton 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 28 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1 year 1943 hour 11 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from July 1943 to Aug 1st 1943
that I last saw her alive on July 30th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

8. AGE: Years Months Days If less than one day

70 10 3 hr. _____ min.

Due to Paralytic stroke of 11 years duration

9. Birthplace Evansville 911 1
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation At Home

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name Richard Hatcher

Of autopsy _____

13. Birthplace Un Known 9
(City, town, or county) (State or foreign country)

14. Maiden name ATRALIA EVANS

15. Birthplace Un Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Tipton

(b) Address Fillmore mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 8-3-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fillmore

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 8-2-43 (Date received local registrar) (b) F. H. Fritchman (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(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 J. C. Hoshor (M. D. or other) md
Address Savannah mo Date signed 8-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address..... *Lavonah*

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.