

No. 2
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-17-30
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32336

Registration District No. 291

Primary Registration District No. 5994

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Putnam
(c) Name of hospital or institution: Unionville, Mo. RFD
(d) Length of stay: _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scotland
(c) City or town Putledge, Mo.
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME TERRYLYNN PIPES

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 S-O

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN 2 1940

8. AGE: Years 3 Months 13 Days If less than one day hr. min.

9. Birthplace Putledge, Mo. O

10. Usual occupation _____

11. Industry or business _____

12. Name ELBA PIPES

13. Birthplace Sullivan Co. Mo. O

14. Maiden name BERNICE SHEPLER

15. Birthplace Sullivan Co. Mo. O

16. (a) Informant Elba B Pipes (b) Address Putledge Mo.

17. (a) Burial, cremation, or removal RFD (b) Date thereof 9-22-43

18. (a) Signature of funeral director (b) Address Unionville Mo.

19. (a) Date received local registrar 9-24-43 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-19 day 19 year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death by Drowning in Well

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Drowning in Well

(b) Date of occurrence Sept 19 6 PM

(c) Where did injury occur? Well - R. E. Patton Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rural

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Walter H. Clark M.D. or other
Address Unionville Mo. Date signed Sept 21 1943

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-43-1712

Date Filed OCT 11 1943

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 Marl E. Hushel

Licensed Embalmer No. 3304

P. O. Address Unionville, N.C.

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.