

S. No. 2
OM-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39276

State File No.

FILED DEC 13 1943
324

Registration District No. 324

Primary Registration District No. 4475

Registrar's No. 217

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town MALTA Bend Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County Reno 999

(c) City or town Hutchinson 17
(If outside city or town limits, write "RURAL")

(d) Street No. 824 EAST 7th 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country L

3. (a) PRINT FULL NAME ISAAC Delbert Hipple

3. (b) If veteran, name war No

3. (c) Social Security No. 510-18-26348

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1943 hour 7 minute 45 P.M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife Ethel A Alice

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 15 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-2 1942 to 11-12 1943
that I last saw him alive on 11-12 1943
and that death occurred on the date and hour stated above.

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

84 10 27 hr. min.

Immediate cause of death Cardio Vascular Renal Disease 14 mo

Duration

9. Birthplace Eden Ohio
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) 13/2

10. Usual occupation Grain Buyer

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Austin Hipple

13. Birthplace Washington Co Penn
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth C. Fry

15. Birthplace Eden Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant ETHEL Hipple

(b) Address MALTA Bend Mo

17. (a) BURIAL (b) Date thereof Nov 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MALTA Bend Mo

18. (a) Signature of funeral director Dan SHORT

(b) Address MARSHALL MO

19. (a) Nov 19 1943 (b) Malta
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature Geo A Kelling (M. D. or other)

Address Warney MO Date signed 11-15-43

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

77
00

1215

(Licensed Embalmer's Statement on Reverse Side)

ED

District Health Officer No. 8.

District File Number _____

Date Filed 12-10-48

BY SI - 11 BY SI - 11 MAN SI - 11

any other persons to whom it may be referred

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.