

FILED JAN 19 1944

State File No. \_\_\_\_\_  
Registrar's No. **5673**

Registration District No. **1449**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**K. C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12-15-43** **12-22-43**  
(Specify whether  
In this community **unknown**  
years, months or days)

3. (a) PRINT FULL NAME **Otis Shippe**

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 **2 divorced widow**

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

7. Birth date of deceased **June 9 - 1862**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **6** Days **13** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Ills 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name **Louis Shippe**  
13. Birthplace **Mo 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mathilda Cole**  
15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **S. E. Shippe**

(b) Address **Grain Valley Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-1-44**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Grain Valley Mo**

18. (a) Signature of funeral director **Wm G B Webster**

(b) Address **2445 Springs Mo**

19. (c) **Dec 31, 1943** (Date received local registrar) **J. B. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Jackson Co - Home**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22**  
year **1943** hour **12** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **December 15, 1943** to **December 22, 1943**  
that I last saw him alive on **December 22, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Malnutrition**  
**Circulatory failure**  
**Senility**

Due to \_\_\_\_\_  
Due to **167h**  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature **Amey K. Ihon** (M. D. or other) **12-22-43**  
Address **Med. Dir. Gen'l Hosp.** Date signed \_\_\_\_\_

**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. Webb*

Licensed Embalmer No. *2353*

P. O. Address. *Blue Springs*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**