

No. 2  
2-43  
-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3327

FILED FEB 14 1944

State File No. \_\_\_\_\_

Registration District No. 167

Primary Registration District No. 5606

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Elm Jackson Twp.  
(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 none  
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Jackson Twp.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME BERTHA SOPHIA SHIPPY

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25  
year 1944 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from June 1940, to Jan 25 1944  
that I last saw her alive on Jan 24 1944  
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife Charles Newton Shippy

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 9, 1891  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Essential Hypertension

Due to \_\_\_\_\_

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

52 1 16 hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) J301

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Antone Plattner

13. Birthplace Regiswald, Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Greve

15. Birthplace Ferdinand, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Newton Shippy

(b) Address Elm, Missouri.

17. (a) Burial (b) Date thereof 1/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Springs

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 2-2-44 (b) Kathryn S. Canaday  
(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 Kelly Roselius (M. D. doctor)  
Address Holden Mo. Date signed 2/2/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1002

(Licensed Embalmer's Statement on Reverse Side)

---

---

**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..... *M. L. Casaday* .....

Licensed Embalmer No..... *3434* .....

P. O. Address..... *Holden, 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.**