

FILED FEB 14 1944
Registration District No. *249*

Primary Registration District No. *4872*

1. PLACE OF DEATH:

(a) County *Nodaway*
(b) City or town *Burlington Junction*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1*
(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 *Mo.* (b) County *Nodaway*
(c) City or town *Burlington*
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* day *18*
year *1944* hour *5* minute *A.* M.

I hereby certify that I attended the deceased from
Jan 1 19*44* to *Jan 18* 19*44*
that I last saw him alive on *Jan 18*
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion
Myocardial Degeneration
Due to *Influenza*
Due to *Sensitivity*

Duration
3 days
2 wks

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations..... *93d*
Of autopsy.....

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME *ABRAHAM LINCOLN SHIPLEY*

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

4. Sex *Male* 5. Color or Race *W.* 6. (a) Single, widowed, married, divorced *MARRIED*
6. (b) Name of husband or wife *Mary Shipley* 6. (c) Age of husband or wife if
alive *73* years
7. Birth date of deceased *July 30 1863*
(Month) (Day) (Year)

8. AGE: Years *80* Months *5* Days *18* If less than one day
.....hr.....min.

9. Birthplace *Harrison County Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Laborer*

11. Industry or business.....

MOTHER FATHER { 12. Name *James Shipley*
13. Birthplace *Harrison Co. MO.*
(City, town, or county) (State or foreign country)
14. Maiden name *Glacia Thompson*
15. Birthplace *Unknown Unknown*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mable Spangler*
(b) Address *Braddyville Iowa*

17. (a) *Burial* (b) Date thereof *Jan 20 - 1944*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Burlington Junction, Mo.*

18. (a) Signature of funeral director *Stanley Swanson*
(b) Address *Hopkins Mo*

19. (a) *Jan 20* (b) *W. H. Carpenter*
(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?
(Specify type of place)

While at work?..... (e) Means of injury *2*
23. Signature *Marvin Ford* (M. D. or other) *MD*
Address *Esno Mo.* Date signed *1/26/44*

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

1269

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. *myself*

Signed *Staley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins 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.