

10. 2
5-43
17-39
X36871

FILED MAR 14 1944
Registration District No. 238

Primary Registration District No. 6148

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield Rural *Chilton*
(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 years, months or days)

3. (a) PRINT FULL NAME HERBERT A. LIPE

3. (b) If veteran, name war. ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Lipe

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

7. Birth date of deceased. Aug. 9, 1883
(Month) (Day) (Year)

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

60	6	8	hr. min.
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9. Birthplace Jackson Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Lipe

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

14. Maiden name Molly Davis
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Herbert Lipe

(b) Address Dexter, Mo. R#2

17. (a) Burial (b) Date thereof Feb. 19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 3-2-1944 (b) Pearl Elmore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard ¹⁰³

(c) City or town Bloomfield Rural
(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 Feb. day 17th
year 1944 hour 10:16 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 10 - 1944 to Feb. 16 - 1944
that I last saw him alive on Feb. 16 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Apoplexy

Due to Chronic Hypertension

Due to Chronic Atherosclerosis

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

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. S. Elmore (M. D. or other) _____
Address Dexter Date signed 2-17-44

1130

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

RECEIVED

District Health Office No. 2,

District File Number 344-447

Date Filed 3-9-44

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 Ivan C.

Cooper

Registered Apprentice No. _____

working under my personal supervision.

Signed

Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.