

FILED MAR 27 1944

Registration District No. 135

Primary Registration District No. 4075

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rosewarth
(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 _____
years, months or days)

3. (a) PRINT FULL NAME ALBERT L. WIPES

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 27-1957
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Retail Merchant

11. Industry or business _____

12. Name Albert L. Wipes

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

14. Maiden name Carolyn H. Lawson

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

16. (a) Informant W. S. Robinson

(b) Address Brunswick, Mo

17. (a) Burial (b) Date thereof 2-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo

18. (a) Signature of funeral director L. W. Beal

(b) Address Brunswick, Mo

19. (a) Feb-16-1944 (b) Paul Perry Edwards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Rosewarth
(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 February day 14 year 1944 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 31 1944 to Feb. 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho-pneumonia
Due to _____

Influenza
Due to _____

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

Major findings: Of operations none Of autopsy none

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 Harry Estey (M. D. or other)

Address Brunswick, Mo Date signed 2/15/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

City: Chgo

High No. 5

Dist. 3

Date Filed 3-25-1914

MAY 24 1914

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 L. M. Weiss
Licensed Embalmer No. 823
P. O. Address Brunswick 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.