S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6387

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 39

49 1 3

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days. (Specify whether years, months or days) In this community number of years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 49

(c) City or town Carthage (If outside city or town limits, write "RURAL") 1

(d) Street No. 726 E 2nd St. (If rural, give location) 3

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Kitty Kipp

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Chas. Kipp

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

7. Birth date of deceased Feb. (Month) 2. (Day) 1859 (Year)

8. AGE: Years 86 Months 0 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Cambridge (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Maude Pasley

(b) Address Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie

18. (a) Signature of funeral director Ed Ullmer

(b) Address Carthage

19. (a) Feb. 15 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1945 hour 2 minute 10 a.m.

21. I hereby certify that I attended the deceased from Feb 4, 1945, to Feb 12, 1945 that I last saw her alive on Feb. 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Shock from fracture of left hip when she fell on floor at home

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

186a 18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 116

(b) Date of occurrence Feb 4. 45

(c) Where did injury occur? Carthage (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? (e) Means of injury fall

23. Signature P. W. Webster (M. D. or other)

Address Carthage Mo Date signed Feb 14 45

1203 (Licensed Embalmer's Statement on Reverse Side)

45-2-200

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 Ed Lellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.