

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8590**  
Registrar's No. **1279**

FILED APR 5 1945  
1949

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **General Hospital #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3-10-45-3-14-45**  
(Specify whether years, months or days)

In this community **4 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2416 Mercer**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LILLIE MAR GIPSON**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**  
year **1945** hour **6:35** minute **A** M.

4. Sex **Female**

5. Color or race **Negro**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **March 10 1945**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 10 45** to **March 14 45**  
that I last saw her alive on **March 14 45**  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<b>4</b>	hr. _____ min.

Immediate cause of death **Inter-ventricular Hemorrhage**

Due to **Congenital Anomaly of the Heart (Car bilocularis)**

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

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

10. Usual occupation **infant**

Other conditions (Include pregnancy within 3 months of death) **157 2**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **S. J. Gipson**

13. Birthplace **Palestine Texas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Orabelle Richardson**

15. Birthplace **Chickasha Okla.**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk Gen. Hosp. #2**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **3/22/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Starkins Bros**

(b) Address **1729 Lyda**

19. (a) **3-20-45** (b) **P. E. Brown**  
(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)

(c) Means of injury \_\_\_\_\_

23. Signature **P. E. Brown** (M.D. or other) \_\_\_\_\_  
Address **Gen Hosp. #2-607 E. 22** Date signed **3-20-45**

(Licensed Embalmer's Statement on Reverse Side)

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

8590

**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.....

*J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**