

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED APR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9993  
Registrar's No. 27

Registration District No. 165 Primary Registration District No. 4253

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Chilhowee  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Johnson  
(c) City or town Chilhowee  
(d) Street No.  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Leroy Wayne Gipson  
3. (b) If veteran, name war. (c) Social Security No.  
4. Sex Male race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 17-1945

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 17 year 1945 hour 11 minute 45 A. M.  
21. I hereby certify that I attended the deceased from March 17 1945 to March 17 1945  
that I last saw him alive on March 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Convulsion  
Congenital debility  
Duration  
Due to  
Due to  
Other conditions  
- (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
X X X 3 hr. 30 min.  
9. Birthplace Chilhowee, Mo.  
10. Usual occupation  
11. Industry or business

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Alfred Wm Gipson  
13. Birthplace Hummersville Mo.  
14. Maiden name Delora Lucille Judgens  
15. Birthplace Warsaw Mo.  
16. (a) Informant Alfred Gipson  
(b) Address Chilhowee, Mo.  
17. (a) Burial (b) Date thereof 3/18/45  
(c) Place: burial or cremation  
18. (a) Signature of funeral director J. W. Cook  
(b) Address Chilhowee, Mo.  
19. (a) 3/17/45 (b) 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?  
(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 E. N. Robinson (M.D. or other) DO.  
Address Chilhowee, Mo. Date signed 3/17/45

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

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.....

*Not Embalmed*

..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*J. W. Cook*

Licensed Embalmer No. *4335*

P. O. Address *Chilhowee, 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.