

FILED JUN 11 1945

Registration District No. 11

Primary Registration District No. 4025

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Wheaton
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Wheaton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elwood Wilder Lipscomb

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Sept 22 1858
(Month) (Day) (Year)

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

9. Birthplace Big Rapids Mich
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Christopher Lipscomb

13. Birthplace A.K. England
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Hugg

15. Birthplace A.K. Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Zabiskie
(b) Address Wheaton Mo.

17. (a) Burial (b) Date thereof May 24 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rocky Comfort Mo.

18. (a) Signature of funeral director: Wheaton Funeral Home
(b) Address Wheaton Mo.

19. (a) May 28 - 1945 (b) Grace Williams
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 6 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____
1945 to May 22 1945

that I last saw him alive on May 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrest 100%

Due to _____

Due to _____

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

Major findings: Of operations 11/2
Of autopsy _____

Duration

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, or public place? _____

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

23. Signature John P. Pearson (M. D. or other) Dr.
Address Wheaton Mo. Date signed May 21

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

205

RECEIVED
District Health Officer No. 6,
District File Number 645-686
Date Filed JUN 8 1943

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..... *Gordon Bennett*.....

Licensed Embalmer No. 4213

P. O. Address..... Cassville, 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.