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18392

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 4 1945

Delayed 4501  
Primary Registration District No. \_\_\_\_\_

Registrar's No. Delayed

Registration District No. 239

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:  
In Home  
(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 Missouri (b) County Stoddard MO

(c) City or town Bloomfield MO.  
(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 DAVID LIPE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1906 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married; divorced \_\_\_\_\_

6. (b) Name of husband or wife Dottie Lipe

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased aug 10 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>2</u>	<u>10</u>	hr. _____ min.

Immediate cause of death Dropsy  
Dr. Elton Phillips  
the Physician to Deceased for  
Due to 5 yrs of more

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

Duration  
1 1/2 wks

9. Birthplace Dutch Ridge near MO. Ill  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 200 a

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

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

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

12. Name Edmond Lipe

13. Birthplace Dutch Ridge near MO. Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Halden

15. Birthplace Dutch Ridge near MO. Ill  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant \_\_\_\_\_

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

17. (a) \_\_\_\_\_ (b) Date thereof June 15-1906  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield MO

18. (a) Signature of funeral director Ben Barkan

(b) Address Bloomfield MO

19. (a) May 18 1945 (b) Heart Failure  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature J. C. McAllister (M. D. or other)

Address Bloomfield MO Date signed 4-25-1945

1130 (Licensed Embalmer's Statement on Reverse Side)

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

0203

DOCUMENTARY EVIDENCE SUBMITTED ON THE DEATH OF

DAVID LIPE

Notorized statement signed by Lee Barhan, Mortician, of Bloomfield, Mo., stating that he had charge of the body of David Lipe. In this statement he said that Mr. Lipe died June 14, 1906.

Notorized statement from Clarence Glenn, of Bloomfield, Mo., stating that he helped to prepare and dig a grave for the body of David Lipe, which was buried June 15, 1906.

Notorized statement of J. C. McAllister of Bloomfield, Mo. stating that he was present at the home of David Lipe about 20 minutes after he passed away, also was present at his funeral.

SEP 18 1906

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

JUN 8 1906