S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2051

FILED FEB 8 1946

Registration District No. _____ Primary Registration District No. 5120 Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 6 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ In this community: 8 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: Route 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: ADA LIPSCOMB
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: J.W. Lipscomb
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 11 (Month) – 11 (Day) – 1855 (Year)
8. AGE: Years 90 | Months 2 | Days 5 | If less than one day _____ hr. _____ min.
9. Birthplace: Meadville (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: At Home
11. Industry or business _____
MOTHER FATHER
12. Name: David Orris
13. Birthplace: _____ (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name: Margaret Hayes
15. Birthplace: _____ (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Mrs. Charles Chick
(b) Address: Route 6, Columbia, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Rich Hill, Mo.
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 1-16-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1946 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from 1-2, 1946, to 1-16-, 1946 that I last saw h. alive on 1-6-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to Age	
Due to	
Other conditions (Include pregnancy within 3 months of death): Long trip from Oregon.	

Major findings: Of operations: None
Of autopsy: None

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): No
(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? _____ (Specify type of place)
While at work? No (e) Means of injury _____
23. Signature: W. T. Dysart (M. D. or other) M.D.
Address: Columbia Date signed 1-16-46

3612

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

31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-2-46

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 W. N. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia

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.