S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Bogan 3038

State File No.

FILED JAN 21 1946

Registration District No. 166

Primary Registration District No. Too 1

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee 999
(c) City or town Baxter Springs 14
(If outside city or town limits, write "RURAL")
(d) Street No. West A Street 0
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gladys Shipley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orville Shipley
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May 27 1907
(Month) (Day) (Year)

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Quapaw Okla 1
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business House wife
FATHER
12. Name Thos. De Hart 1
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Effie Shanks
15. Birthplace Neb 1
(City, town, or county) (State or foreign country)
16. (a) Informant Orville Shipley
(b) Address Baxter Springs
17. (a) Removal (b) Date thereof 12-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn (Kans)
18. (a) Signature of funeral director J Lance Wine
(b) Address Baxter Springs Kansas
19. (a) 12-27-45 (b) Ed B James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1945 hour 2 minute 10 A M.
21. I hereby certify that I attended the deceased from 12-20, 1945, to 12-22, 1945
that I last saw her alive on 12-22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to 2nd & 3rd degree burns of 85% of body

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) accident 136
(b) Date of occurrence Dec. 20 1945. 3:30 pm.
(c) Where did injury occur? Baxter Springs Ks
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
~~Rest~~ home
(Specify type of place)
While at work? (e) Means of injury Burn
23. Signature Richard F Conard (M. D. or other)
Address Baxter Sps Ks. Date signed 12-27-45

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(Licensed Embalmer's Statement on Reverse Side)

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

100493

45-12-1024

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 Hoskins-Wiene Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed J Lance Wiene

Licensed Embalmer No. 2880 Mo.

P. O. Address Baxter Springs Kan

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.