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5-17-39  
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FILED APR 9 1946

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

Registration District No. 92

Primary Registration District No. 5711

Registrar's No. 24

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

1. PLACE OF DEATH

(a) County Bollinger

(b) City or town rural, Liberty Hop  
(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 Missouri County Bollinger

(c) City or town rural  
(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 ETHEL JEWELL GIPSON

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
year 1946 hour 7 minute 45 P.M.

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

4. Sex Female race white 5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer Gipson 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May 13 1922  
(Month) (Day) (Year)

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

Immediate cause of death Murder  
gunshot wound through heart

8. AGE: Years Months Days If less than one day

23 9 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_

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

9. Birthplace Pope Co. Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

12. Name William S. Ford

13. Birthplace Pope Co. Arkansas  
(City, town, or county) (State or foreign country)

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name Alice Lawrence

15. Birthplace Deary Co. Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant William S. Ford

(b) Address Brownwood, Mo.

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? \_\_\_\_\_

(a) Place: burial or cremation Brownwood, Mo.

18. (a) Signature of funeral director Walter S. Morgan

(b) Address Adairville, Mo.

19. (a) Mar 18 1946 (b) Willie H. VanLanburgh  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Joseph H. Morgan  
Address Brownwood, Mo. Date signed 2/16/46

RECEIVED

AUL 21946

District Health Officer No. 4  
District File Number 446-1913  
Date Filed 4-8-46

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.....

Clayton S. Morgan....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clayton S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.

Registration District No. 32 Primary Registration District No. 5111

1. PLACE OF DEATH:  
(a) County Bollinger  
(b) City or town Rural  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Ethel J. Lison  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased May 13 (Month) (Day) (Year)

8. AGE: Years 23 Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month July Year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death gun shot wound  
legit. injury.

Due to Murder

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

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

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 7/16/46  
(c) Where did injury occur? Bollinger Co. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature John J. Murray M.D. (M. D. or other) \_\_\_\_\_

Address Bonnetville Mo. Date signed 7/19/46

7410 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

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

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