

FILED JUN 5 1946

STANDARD CERTIFICATE OF DEATH

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

Registration District No. 228

Primary Registration District No. 5808

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether)

In this community Fifteen years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Bellflower Mo. 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 Thomas Anderson Stipp

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie Stipp

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

7. Birth date of deceased 8 24 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>1</u>	<u>0</u> hr. _____ min.

9. Birthplace Montgomery Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Duties

MOTHER FATHER {

12. Name Rass Stipp \_\_\_\_\_

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

14. Maiden name Annie Pew. \_\_\_\_\_

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

16. (a) Informant Jessie Stipp

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 5-27-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo

18. (a) Signature of funeral director Oland A Jones

(b) Address Bellflower Mo

19. (a) May 29 1946 (b) Miss May Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1946 hour HR minute 30 PM

21. I hereby certify that I attended the deceased from 1944, 19\_\_\_\_, to May 26, 1946.  
that I last saw him alive on May 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of maxillary sinus of an bone of face

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

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

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

Major findings: \_\_\_\_\_  
Of operations 55A

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, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature Willis H. Walls (M. D. or other) DO

Address Wellsville Date signed 5/27/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-4-46

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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.....

me....., Registered Apprentice No.....

working under my personal supervision.

Signed Aland G Jones.....

Licensed Embalmer No. 2978.....

P. O. Address Bellflower 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.