

FILED JUL 9 1946

Registration District No. 173

Primary Registration District No. 5645

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Laurens
(b) City or town Aurora Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurens
(c) City or town Aurora Rural
(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 _____

3. (a) PRINT FULL NAME

John P. Shipley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. P. Shipley

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

14. Maiden name unknown

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

16. (a) Informant Gerald Shipley

(b) Address Aurora, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Gion Cem.

18. (a) Signature of funeral director H. D. Fassett

(b) Address Mt Vernon Mo.

19. (a) June 24-46 (Date received local registrar) (b) Doc Mc. Natt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 3 1946 to May 22 1946 that I last saw him alive on May 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
2 weeks Duration

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: P. A. Holmes Of operations _____

Of autopsy 940

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) (c) Means of injury _____

23. Signature P. A. Holmes (M. D. or other) _____

Address _____ Date signed 5-28-46

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

RECEIVED

District Health Officer No. 6,

District File Number 746-715

Date Filed JUL 8 - 1946

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 Max G. Jossitt

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon

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.