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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 30 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 100

Primary Registration District No. 5387

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural - Osage Twp
(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 (b) County Dent
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Boss, Missouri
(If rural, give location) NO
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Carl Tippet

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

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

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

7. Birth date of deceased Dec 18 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Jackson County, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name No Record
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Tippet
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 9/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boss Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Salem, Missouri

19. (a) 9-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9
year 1946 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
(that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
found dead in bed

Due to _____
Due to arterio Sclerosis

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

Major findings: Of operations [Signature]
Of autopsy no

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Salem Mo Date signed SEP 10 1946

RECEIVED

District Health Officer No. 5,

District File Number 946523

Date Filed 9-26-46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Me.

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.