

No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32871
Registrar's No. 342

FILED NOV 1946
43

Registration District No. _____
Primary Registration District No. 5135

31699
10-31-46
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Brasley
(c) Name of hospital or institution: Asks Hill Top
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Brasley
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George Tippen
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13
year 1946 hour 10 minute 20 P.M.

4. Sex MALE
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Tippen
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 31 1879
(Month) (Day) (Year)

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.

8. AGE: Years 67 Months 10 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death: Passive Congestion of Lungs
Due to decompensated heart

9. Birthplace Stoddard County Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 95c
Of autopsy _____

10. Usual occupation FARMER
11. Industry or business _____
12. Name John Tippen
13. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Mallery
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

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

16. (a) Informant Thomas J. Tippen
(b) Address 1440 Lindbergh
17. (a) Burial (b) Date thereof 10-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Funeral Home
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 10-23-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 10/15/46

Russell Martineau
Piggott, Ark, S

RECEIVED

District Health Office No. 2,

District File Number 1246-1283

Date Filed 12-26-44

NOV 1

1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.