

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 13 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **34253**

Registration District No. **239** Primary Registration District No. **57-25-435-6** Registrar's No. **11**

**1. PLACE OF DEATH:**

(a) County **New Madrid**

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

(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 **8 yr** (Specify whether years, months or days)

In this community **8 yr**

**3. (a) PRINT FULL NAME** **Cynthia Ellen Tippen**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 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 **February 14th 1860**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>86</b>	<b>8</b>	<b>0</b>	hr. _____ min.

9. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

**MOTHER** { 12. Name **Mallory**

13. Birthplace **Don't know** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas G. Tippen**

(b) Address **Flint, Michigan**

17. (a) **Burial** (b) Date thereof **10-16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Taylor Cemetery**

18. (a) Signature of funeral director **Watkins Funeral Home**

(b) Address **Dexter, Mo.**

19. (a) **10/17/46** (b) **D. G. ...**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **New Madrid** **72**

(c) City or town **Parma** **5**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**

(e) Citizen of foreign country? **No.** (Yes or No) **0**

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **14th**  
year **1946** hour **5** minute **25** **A.M.**

**21. I hereby certify that I attended the deceased from** **Jan 7**, 19**46**, to **Oct 14**, 19**46**  
that I last saw her alive on **Oct 10**, 19**46**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Old age**  
**myocarditis**

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

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

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

Major findings: **93k**  
Of operations \_\_\_\_\_

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

**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 **0**

**23. Signature** **Dr. Geo. W. ...** (M. D. or other) **0**  
Address **Parma, Mo.** Date signed **10/17/46**

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

217

**RECEIVED**

District Health Office No. 2,

District File Number 1146-129

Date Filed 11-7-46

NOV 26 1946

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lynman Steele

Licensed Embalmer No. 2476

P. O. Address Hester 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.