S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36017

Primary Registration District No. 5037

Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: rural Saltriver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 4, Mexico, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.#4, Mexico, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: James M. Sipple
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: married
6. (b) Name of husband or wife: Maggie A. Sipple
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: November (Month) 26 (Day) 1858 (Year)

8. AGE: Years 88 | Months 0 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Tuscola, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired mailcarrier
11. Industry or business ____
FATHER 12. Name: William Sipple
FATHER 13. Birthplace: Grant County, (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Medley
MOTHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. James M. Sipple
(b) Address: R.F.D. #4, Mexico, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Nov. 30-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood, Mexico-Mo
18. (a) Signature of funeral director: Earl E. Price
(b) Address: Mexico, Missouri
19. (a) 11/30/46 (Date received by local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 46
year ____ hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Oct 21, 1946, to Nov 28, 1946, that I last saw him alive on 11-28-46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Arteriosclerosis
Due to: Cardiac Prostatitis

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

Major findings:
Of operations: N.A.
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 ____

23. Signature: R. Wm. Thompson (Physician or other) DO
Address: Mexico, Mo. Date signed 11/30/46

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1947

RECEIVED
District Health Officer No. 10
District File Number 12-46-2244
Date Filed DEC 10 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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Missouri

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.