

Registration District No. 251

Primary Registration District No. 387D

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
320 West Grant, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 7 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Maryville 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 West Grant 2  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No) 0  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd  
year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
Aug 6 1946 to Feb. 22 1947.  
that I last saw him alive on Feb 21 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration \_\_\_\_\_

Due to Carcinoma of Prostate with metastases to Pelvis

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

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

Major findings:  
Of operations 51B  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Leo F. Wallace (M. D. or other) M.D.  
Address Maryville, Mo. Date signed Feb. 22, 1947

3. (a) PRINT FULL NAME Charles Bernard Shipp

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 Anna Van Briggles Shipp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 18, 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

12. Name John W. Shipp

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

14. Maiden name Mary Belle Heisler

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

16. (a) Informant Helen Shipp

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 2-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Office General Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) March 1-47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *W I Gee* .....

Licensed Embalmer No. *2539* .....

P. O. Address *Mariposa 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.