U. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19973

Registration District No. 374 | Primary Registration District No. 4574.8 | Registrar's No. 41

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Worth, Mo.
(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 (Specify whether years, months or days) / In this community 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth 113

(c) City or town Worth
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zona Roberts Shipley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm Burton Shipley

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

7. Birth date of deceased November 8 (Month) (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	21	hr. min.

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

10. Usual occupation Goose Wife

11. Industry or business

FATHER
12. Name Ed L. Roberts
13. Birthplace Burlington (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Era C. Stephenson
15. Birthplace Illinois (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Agail Shipley
(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo

18. (a) Signature of funeral director Arch C. Dunlee
(b) Address Grant City Mo

19. (a) May 7-1947 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 29 year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from / 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Compound injury received in Worth, Mo. Tornado	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) 11.3

(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? Home (Specify type of place)

While at work? (e) Means of injury tornado

23. Signature Arch C. Dunlee (M. D. or other) 3

Address Grant City, Mo. Date signed 5-3-47

(Licensed Embalmer's Statement on Reverse Side)

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 Jack C Dunkle

Licensed Embalmer No. 3252

P. O. Address Grant City 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.