2
47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44763

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2748

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 696 W.Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St.Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 696 West Washington 3
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Carrie Moore Laurence Lipe.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Napoleon B.Lipe.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 10 (Day) 1861 (Year)

8. AGE: Years 86 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Statesville, (City, town, or county) N.Carolina (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER
12. Name Adolph Alexander Laurence
13. Birthplace Statesville, (City, town, or county) N.Carolina (State or foreign country)
MOTHER
14. Maiden name Victoria Moore
15. Birthplace ..... (City, town, or county) N.Carolina (State or foreign country)
16. (a) Informant Dr.Paul Gamble.
(b) Address Greenville, Mississippi.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan'y 16/48 (Month) (Day) (Year)
(c) Place: burial or cremation MEMPHIS, TENNESSEE
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) 1-16-48 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1947 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from October, 1947, to 21 Dec., 1947 that I last saw her alive on 20 December, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Catatonic Stupor — Duration 1 day
Catatonic Stupor
Due to Schizophrenia. 93 d
Schizophrenia.
Due to unknown
Other conditions Myocarditis, Chronic years
(Include pregnancy within 3 months of death)
Myocarditis, Chronic.
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 J.H. Barnett MD (M. D. or other) MD
Address 243 W. Jefferson, Kirkwood Mo Date signed 21 Dec. 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr.J.H.Barnett, 243 W.Jefferson, Kirkwood, Mo.

FEB 2 1949

243 N. Jefferson
TE 3-0474

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 Clarence H. Murray

Licensed Embalmer No. 401

P. O. Address St. Louis, 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.