S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1326

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 170

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3440 Jefferson 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: EMMA B. SIPP — MRS. EMILY B. SIPP
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Charles Sipp
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept 2 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	4	5	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: At Home
11. Industry or business:
12. FATHER Name: George Schaffner
13. Birthplace: Breman (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name: Agatha Heiner
15. Birthplace: Alsace-Loraine (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Robert Wilkes
(b) Address: 3440 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Frank G. Cobin Co
(b) Address: 20 West Linwood
19. (a) 1-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Cor by off HC Stale

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day Jan year 1948 hour 8:28 minute A M.
21. I hereby certify that I attended the deceased from 12-29, 1947, to 1-7, 1948; that I last saw her alive on 1-7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	
Due to: Auricular Fibrillation	
Due to: Rheumatic Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
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: (M. D. or other)
Address: Date signed: 1-9-48

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

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas 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.

State of Mo. } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 13:26. 48
Local Registrar's No. 170-48

On this 21st day of September, 1948 before me appears Eleanor Lipp Wilkes Daughter, who, upon her oath, states that the original record of ~~birth~~ death for Emma B. Lipp died ~~born~~ January 7, 1948, in the State of Missouri, and which was filed at Kansas City on 1-12, 1948, should be corrected as follows:

Item No. 3 should read Emma B. Lipp
Instead of Emily B. Lipp
Item No. 13 should read Bremen, Germany
Instead of —
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
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Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eleanor Lipp Wilkes (Daughter)
Relationship.

3440 Jefferson St.
Present Address.
Kansas City, Mo.

Subscribed and sworn to before me this 21st day of Sept, 1948

My Commission expires Oct 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
OM—8-43
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