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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4674

Registration District No. 140

Primary Registration District No. 55.47

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural Mountain Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether)

In this community Life years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH SHIPLE

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. H. Shippe

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 29 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>9</u>	<u>29</u>	hr. min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. H. Shippe

13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Shippe

15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Shippe

(b) Address Rockport Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-48
(Month) (Day) (Year)

(c) Place: burial or cremation Big Springs

18. (a) Signature of funeral director E. S. Munkan

(b) Address New Franklin Mo.

19. (a) 2-7-1948 (Date received local registrar)

(b) Dothy Fern Sahm (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard 45

(c) City or town Rockport Rural Mountain Township
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1948 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Mar 22 1946 to Jan 28 1948
that I last saw her alive on Jan 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis embolism coronary occlusion

Duration 1 hour

Due to: 0

Due to: 0

Other conditions Bronchiectasis 1 year
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

PHYSICIAN: 0
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? ---

While at work? --- (Specify type of place)

(e) Means of injury: ---

23. Signature G. J. Chamberlain (M. D. or other)

Address New Franklin Date signed 1-29-48

(Licensed Embalmer's Statement on Reverse Side)

Missour.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-19-48

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 _____

E. L. Lee

Licensed Embalmer No. _____

3515

P. O. Address _____

New Market 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.