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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11660

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 126

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Fisk r 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Willie ANN PIPKIN

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. S. Pipkin

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec (Month) 3 (Day) 1880 (Year)

8. AGE: Years 67 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Will Jarell
13. Birthplace Bloomfield (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Johnson
15. Birthplace Bloomfield (City, town, or county) Mo (State or foreign country)

16. (a) Informant Paulina Pipkin
(b) Address Fisk Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Shelby Funeral Home
(b) Address Fisk Mo

19. (a) 4-14-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 48 hour 6 03 minute A M.

21. I hereby certify that I attended the deceased from 3
28, 1948 to 4-1, 1948
that I last saw her alive on 4-1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to Arteriosclerosis

Due to 830

Other conditions fractured left arm due to fall due to Cerebral Hemorrhage
(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)

(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 [illegible] (M. D. ~~or other~~) 0

Address Poplar Bluff Mo Date signed 4-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 448-499
Date Filed 4-19-48

APR 23 19

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 J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.