

FILED MAY 15 1948
Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Joseph**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
(Specify whether
In this community **Non-Resident**
years, months or days)

3. (a) PRINT FULL NAME

Shipley, Leonard W.
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** Color or race **White**
6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife **Mrs. Bertha Shipley**
6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **May 10, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	11	27	hr. min.

9. Birthplace **Choper County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired merchant**

11. Industry or business

12. Name **Thelma Shipley**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Calvert**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. J. Cain (daughter)**

(b) Address **322 S. Quincy**

17. (a) **Removal** (b) Date thereof **5-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tipton, Missouri**

18. (a) Signature of funeral director **John W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **5-8-48** (b) **Maldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Tipton**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **48** hour **7** minute **45**

21. I hereby certify that I attended the deceased from **April 15**, 19**48**, to **May 7**, 19**48**
that I last saw him alive on **May 7**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute + Chronic Myocardial Infarct**
Duration **4 hrs**

Due to **Acute + Chronic Myocardial Infarct** **1 year**
Due to **Coronary Atherosclerosis** **3 yrs**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **932**
Of operations
Of autopsy **same as above**

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?
White at work? (Specify type of place) Means of injury
23. Signature **R. L. St. Clair** (M. D. or other)
Address **524.2 St. John** Date signed **5/7-48**

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.....

Cecil R. Matthes

Licensed Embalmer No.....

3807

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.