

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13427

State File No. _____

FILED APR 29 1948

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --
In this community Entire life (Specify whether years, months or days)

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? -- (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Lena Snipp

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Joe Snipp 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March, 1st, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>19</u>	hr. min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Adolph Dick

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

14. Maiden name Catherine Baker

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

16: (a) Informant Louis Knipp (son)

(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 4/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery, Tipton, Mo.

18. (a) Signature of funeral director James E. Richard
(b) Address Tipton Mo

19. (a) 4-21-48 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 1-1-40
to 4-20-48, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency acute
arteriosclerosis
Due to _____
Duration _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Engle
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 J. O. Lewis (M.D., P., or other) _____
Address Tipton Mo Date signed 4-21-48

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

8
2
0

MOTHER FATHER

APR 28 1948

District Embalmer

District Health Officer No. 9

RECEIVED

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, Me

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.