S. No. 2
I—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1948

Registration District No. 340

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15166

Primary Registration District No. 3075

Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Dexter, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter, 3
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alice Dean Lipford,
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 Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. (Month) 28 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	23	hr. ..... min.

9. Birthplace Malden, Mo. Dunklin Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name Henry C. Smith
13. Birthplace Tenn. / (City, town, or county) (State or foreign country)
14. Maiden name Paralee Austin,
15. Birthplace Tipper, Miss. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dillard Bailey
(b) Address Murphyboro, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser
(b) Address Dexter, Mo.
19. (a) 4-24-48 (Date received local registrar) (b) Wilmer W. Jenkins (Registrar's signature) 126

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948. hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...
that I last saw h... alive on ....., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cervix — Duration 6 mo.
Due to
Due to
Other conditions (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? (f) Means of injury
23. Signature (M. D. or other)
Address 9 E. Stoddard Date signed 4/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 448-564
Date Filed 4-28-48

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. Lyman Black

Licensed Embalmer No. 2476

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.