S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26097

FILED AUG 19 1948

Registration District No. 170 — Primary Registration District No. 5549 — Registrar's No. 49

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural (Richmond Twp) (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 All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette, Rural (If outside city or town limits, write "RURAL")
(d) Street No. ---- (Richmond Township) (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME John Luther Nipper
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Condron
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Jan. (Month) 9 (Day) 1861 (Year)

8. AGE: Years 87 Months 6 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ----
FATHER
12. Name William H. Nipper
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louisa Mitchell
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John Nipper Jr.
(b) Address Fayette, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cem.
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 8-14-1948 (Date received local registrar) (b) Dorothy Jean Sabin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1948 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from 1946 19..., to Aug 8, 1948; that I last saw him alive on Aug 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignancy of jaw (rt)	2½ yrs.
Due to	
Due to	
Other conditions: Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm J Shaw (M. D. or other) M.D.
Address Fayette Mo. Date signed 8-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-18-48

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.