

FILED APR 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 44010

DELAYED

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 16

1. PLACE OF DEATH

a. COUNTY MISSISSIPPI

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - 34 CORNER c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION HOME - NEAR 34 CORNER

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):

a. STATE MISSOURI b. COUNTY MISSISSIPPI

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - 34 CORNER East Prairie Mo

d. STREET ADDRESS (If rural, give location) NEAR 34 CORNER

3. NAME OF DECEASED

a. (First) LAWRENCE WALLACE b. (Middle) \_\_\_\_\_ c. (Last) SIPP

4. DATE OF DEATH (Month) (Day) (Year) OCT. 3 1949

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH MARCH 15-1928

9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) NIENSTADT MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN HENRY SIPP

13b. MOTHER'S MAIDEN NAME ORA McMAHON

14. NAME OF HUSBAND OR WIFE Mrs. Lawrence Sipp *Fair maiden name*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) UNKNOWN

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lawrence Sipp - East Prairie, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Pulmonary tuberculosis

ANTECEDENT CAUSES \_\_\_\_\_

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 2 yr

002X

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept, 1949, to Oct, 1949, that I last saw the deceased alive on Oct 2, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) S. P. Martin M.D.

23b. ADDRESS East Prairie Mo

23c. DATE SIGNED 10-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 10-5-49

24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery

24d. LOCATION (City, town, or county) (State) Miss. Co. Mo.

DATE REC'D BY LOCAL REG. April 7 1950

REGISTRAR'S SIGNATURE Anna Harper Deely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Travis Shelby East Prairie, Mo.

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

OCT 11 1930

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address.....

*East Prairie, 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.