No. 2
4-13-40
3-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6370

FILED MAR 19 1941

Registration District No. ____ Primary Registration District No. 1001 Registrar's No. 275

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (3 weeks) (Specify whether years, months or days)
In this community 25 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan, 11
(c) City or town Saint Joseph, 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 South 14th. Street 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME Minnie Mae Shipley,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife James Tybens Shipley
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February 17th. 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	0	19	hr. min.

9. Birthplace Andrew County, (City, town, or county) O Missouri, (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
MOTHER FATHER
12. Name Edward Watson,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)
14. Maiden name Lillie Mount,
15. Birthplace Unknown, (City, town, or county) O Missouri, (State or foreign country)
16. (a) Informant James T. Shipley
(b) Address 2315 So. 14th. Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Auburn Cemetery
18. (a) Signature of funeral director Heaton & Gabler or Bowman Funeral
(b) Address 319 So. 10th. Street, Home
19. (a) 3/10/41 (Date received by local registrar) (b) W. Mastlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th. year 1941 hour 8:00 minute 25 p.m.
21. I hereby certify that I attended the deceased from Feb. 15, 1941, to Mar. 6, 1941; that I last saw her alive on Mar 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis general	Mar 1/41
Due to: Infection from uterus	Mar 1/41
Due to:	
Other conditions (Include pregnancy within 3 months of death): Obs Myoma.	—

Major findings: Of operation: Subject fellow uterus - left ovary & tube - Obs appendix.
Of autopsy: None.

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? (e) Means of injury

23. Signature Frank H. Vandegrift (M. D. or other) M. D.
Address Rosepelma Bldg Date signed 3/7/41

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 3-6-4

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1300

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.