

DEC 14 1940

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(c) Name of hospital or institution  
216 E. Lincoln St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 216 E. Lincoln St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19  
year 1940 hour 8:30 p m minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 25, 1940, to Nov 19, 1940;  
that I last saw her alive on Nov 19, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
(Lobar)  
(Senility)

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Clinton Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Alice Chipman

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 Widowed

6. (b) Name of husband or wife J.A. Chipman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 12 1848  
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 7 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Jonathan T. Berry

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

14. Maiden name Eleanor Taylor

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

16. (a) Informant Mrs. Benson Holcomb

(b) Address Clinton, Missouri

17. (a) Burial (b) Date thereof 11-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berry Cemetery, Henry County, Mo.

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Nov. 30, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 12-40-1782

Date Filed 12-12-40

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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,

R.A. Brauning, Registered Apprentice No. 3377  
working under my personal supervision.

Signed R.A. Brauning

Licensed Embalmer No. 3377

P. O. Address Lecton, 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.