

FILED JUN 10 1946

Registration District No. 278

Primary Registration District No. 45-710174

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Harris Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 yrs (Specify whether years, months or days)
In this community 58 yrs

3. (a) PRINT FULL NAME JOHN HIRAM TIPTON

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Nancy Tipton 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Nov. 14 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Sullivan Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Nathan Tipton 9
13. Birthplace Sullivan Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Louisa Jane Cassidy 9
15. Birthplace Sullivan Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nancy Tipton
(b) Address Harris Mo Rural

17. (a) Burial (b) Date thereof May 24-1946 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Harris Mo Cem.

18. (a) Signature of funeral director W. B. Payne
(b) Address Galat Mo

19. (a) June 7-46 (b) Breta Caldwell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan Mo
(c) City or town Harris Rural (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 7 minute 10 a. m.

21. I hereby certify that I attended the deceased from John - 40 to May 23 46
that I last saw him alive on May 22 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis - 5 da Duration

Due to arteriosclerosis - affy 20 yrs

Due to Myocarditis 10 yrs

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? Office (Type of place) (Means of injury)

23. Signature W. B. Payne (M. D. or other)
Address Harris Mo Date signed 5/23/46

JUN 18 1946

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.....

R. R. Payne Jr

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.