

Registration District No. 225

Primary Registration District No. 4335

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel Hospital, Columbia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2/10/43 to 2/15/43
(Specify whether years, months or days) Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No No Numbers (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Fredrick Shipley

3. (b) If veteran, name war None 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa Shipley 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March, 4th, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 17 - hr. - min.

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

10. Usual occupation Custodian

11. Industry or business Retired

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Drinkwater
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant S. L. R. Shipley
(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 2/23rd 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo.

18. (a) Signature of funeral director James E. Richard
(b) Address Tipton Mo

19. (a) Feb 22/1943 (b) Mad. Leo Ferguson
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st.
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 1942 to February 21, 1943
that I last saw him live on Feb 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to _____

Due to _____

Other conditions H6
(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 J. F. Potter (M. D. _____)
Address Tipton Mo Date signed 2-22-43

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

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
....., Registered Apprentice No.
working under my personal supervision.

Signed

Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton 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.