

FILED JUN 18 1946

Registration District No. 278

Primary Registration District No. 45710174

Registrar's No. 8

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

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 58 yrs
years, months or days

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.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN HIRAM TIPTON

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

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced M.
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
13. Birthplace
14. Maiden name Louisa Jane Cassidy
15. Birthplace

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

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

(c) Place: burial or cremation Harris Mo Cem.
18. (a) Signature of funeral director W. W. Payne Son
(b) Address Galt Mo

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

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 May 23 46
that I last saw him alive on May 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral thrombosis - 5 da
Due to arteriosclerosis - approx 20 yrs
Due to myocarditis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) (Specify means of injury)
23. Signature O. W. Rice M.D. 5/23/46
Address Harris Mo Date signed

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

Signed P. R. Payne
Licensed Embalmer No. 3400
P. O. Address Yalt

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.