DEPARTMENT OF COMMERCE
Bureau of the Census

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36274

Registration District No. 781 | Primary Registration District No. 6027 | Registrar's No. 16

1. PLACE OF DEATH:

(a) County Ste Genevieve

(b) City or town (Rural) Beauvais Twp.
(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 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ste Genevieve

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY LINDA HIPES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE | 5. Color or race W | 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 23 (Day) 1867 (Year)

8. AGE: Years 73 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace BLOOMSDALE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED TEACHER

11. Industry or business

FATHER
12. Name BARTLEE HIPES
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY BENHAM
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Perry

(b) Address St Marys Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ozora Mo

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste Genevieve Mo

19. (a) 10/12-40 (Date received local registrar) (b) Todd Thomure (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11

year 1940 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Oct. 1932 to Oct 11 1940

that I last saw him alive on June 21 1940

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	6
Due to	
Due to 10612	
Due to	
Other conditions Chronic bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

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 O. E. Wilkens M.D. (M. D. or other)

Address St Marys Mo Date signed 10-12-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Melvin L Gensler

Licensed Embalmer No. 4052

P. O. Address Ste. Genevieve

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, above space should be left blank.