

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10625

State File No.

Registrar's No.

FILED MAR 27 1944  
Registration District No. 135

Primary Registration District No. 4075

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Bosworth  
(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 (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME ALBERT L. WIPES

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, Single  
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 27-1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 3 15 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Albert L. Wipes

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Carolyn H. Lamson

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

16. (a) Informant J. H. Robinson

(b) Address Brunswick, Mo

17. (a) Buried (b) Date thereof 2-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo

18. (a) Signature of funeral director L. M. Carroll

(b) Address Brunswick, Mo

19. (a) Feb-16-1944 (b) Ruth Perry Edwards  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14  
year 1944 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 31 to Feb 13, 1944  
(that I last saw him alive on Feb 13 and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho-pneumonia  
Due to

Influenza  
Due to

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations

Of autopsy none  
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 Harry Edgerton (M. D. or other)

Address Brunswick, Mo Date signed 2/16/44

10583 (Licensed Embalmer's Statement on Reverse Side)

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

City: CLEVELAND

Sheet No. 6

Dist. 3

Date Filed

3-25-54

MAY 24 1954

### 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 L. M. Mearns

Licensed Embalmer No. 823

P. O. Address Brinsford 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.**