

REC'D ALB 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24795
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 391
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City Mo. (d) Street No. Research Hospital Registered No. 3008
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Anna Augusta Piepmeier
 (a) Residence, No. Levasy Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. George Piepmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>11</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. her home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutzow-StCharles Co Missouri

FATHER

13. NAME August Nagel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Katherine Naunoble Germany
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Emile Piepmeier Buckner Mo.

18. BURIAL, CREMATION, OR REPOSING PLACE Levasy Cem DATE July 28/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) V. M. Reppert Buckner Mo.

20. FILED July 26, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 /39

22. I HEREBY CERTIFY That I attended deceased from July 2 1939 to July - 26 1939.
 I last saw her die on July - 25 1939. Death is said to have occurred on the date stated above, at 1:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Fracture of left hip - 1861 Date of onset July 2 1939

Other contributory causes of importance:
Coronary occlusion (embolic)
Smith's fracture resulting in fractured hip Name of operation Smith's fracture Date of July 13, 39
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury July 21/1939
 Where did injury occur? Her home country
South Levasy Mo Specify whether injury occurred in industry, in home, or in public place.
at her home
 Manner of injury Broken hip
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Paul J. Hunt (Signed) Paul J. Hunt M. D.
 (Address) 424 Prog Bldg
H. E. mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FORM 1 X14025

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,

Vernon M. Ruppert, or by

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

Signed.....
Vernon M. Ruppert

Licensed Embalmer No..... *2321*

P. O. Address..... *Buckner 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, above space should be left blank.