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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.

SUM-1-12-39 I X14028

FEB 16 1940

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

3969
Do not use this space.

1. PLACE OF DEATH
(a) County Scotland 2 Registration District No. 810
(b) Township Miller D Primary Registration District No. 6062 Registered No. 3
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 166 Sarah Frances Piper
(a) Residence, No. ..... St. Milo, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: John Piper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 1st, 1862
7. AGE: YEARS 77 MONTHS 10 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as saw mill, bank, etc. .....
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): Schuyler County Mo 0

FATHER
13. NAME: Geo Hacker 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky 1

MOTHER
15. MAIDEN NAME: Margret Ann Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): W A Piper

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milo Missouri DATE 1/23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. Payne & Sons Memphis, Mo.

20. FILED Feb. 2 1940 E E Parrish
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1939, to November 11, 1939
I last saw her alive on November 11, 1939. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

92 W

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F. V. S. Vining, Del., M. D.
(Address) Downing, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-40-450
Date Filed FEB 14 1940

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, Neal Payne, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn.

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.