

FILED MAR 18 1940

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

6432
Do not use this space.

1. PLACE OF DEATH
 (a) County Dallas 2 Registration District No. 246
 (b) Township Sherman 8 Primary Registration District No. 5344
 (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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Alice Piper
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3 - 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Dallas Co (STATE OR COUNTRY) Mo.
 13. NAME R. L. Piper
 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Vivian Bolser
 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.
 17. INFORMANT R. L. Piper (ADDRESS) Clad Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 2.12 1940
 19. FUNERAL DIRECTOR (NAME) H. B. Jones (ADDRESS) Buffalo Mo
 20. FILED 2.28 1940 W. M. Stogdill 651 (Address) Buffalo Mo
1st Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1940
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Natural Causes
Disase cont roun
 Other contributory causes of importance: J.P.P.
 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? _____
 If so, specify _____ (Signed) H. B. Jones M. D.
 (Address) Buffalo 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.

I X16903

Sanitary Officer No. 7,
District File Number 3-40-403
Date Filed 3-5-40

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.....
..... Licensed Embalmer No.....
..... P. O. Address.....

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.