

FILED APR 15 1942
Registration District No. 746

Primary Registration District No. 3088

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

1. PLACE OF DEATH:

(a) County Saline Co.
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MARSHALL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. E. Washington
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JUDY PIPER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLIS PIPER
6. (c) Age of husband or wife if alive 92 years
7. Birth date of deceased 3 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace SALINE MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER, FATHER { 12. Name SAM. PATRICK
13. Birthplace SALINE MO.
(City, town, or county) (State or foreign country)
14. Maiden name DOXY KNOW
15. Birthplace DOXY KNOW MO.
(City, town, or county) (State or foreign country)

16. (a) Informant HESTER WOODS

(b) Address 620 E Washington

17. (a) BURIAL (b) Date thereof 3 15 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARSHALL

18. (a) Signature of funeral director F. D. FERGUSON

(b) Address MARSHALL MO.

19. (a) March 1942 (b) Mrs. T. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1942 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from March 2nd
1942 to March 12th 1942
that I last saw her alive on March 11-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 10 Days
107

Due to _____
Due to _____
Other conditions Valvular Heart Disease Known
(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 W. H. Madison (M. D. or other)
Address Marshall, Mo. Date signed 3-17-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-14-42

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Marshall

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.