No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

Registration District No. 278

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 41627

Registrar's No.

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

2
2
1

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike County Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Frankford (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Frank Joseph Pimpel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 12 (Day) 1863 (Year)

8. AGE: Years 79 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Retired blacksmith

11. Industry or business

FATHER
12. Name Pimpel, George
13. Birthplace Tyrol (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Koke, Matilda
15. Birthplace (?) (City, town, or county) 9 (State or foreign country)

16. (a) Informant Champ Sykes

(b) Address Frankford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Mo

18. (a) Signature of funeral director Fuld & Son

(b) Address Frankford Mo

19. (a) 12/4/42 (Date received local registrar) (b) [illegible] (Registrar's signature)

1167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1942 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 30, 1942, to Dec 4, 1942; that I last saw him alive on Dec 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 2

132

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~)

Address Louisiana Mo Date signed 12/4/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-116
Date Filed Jan 13 1943

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.