No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3298

Registration District No. 164 Primary Registration District No. 3632 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 422 Jackson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 30 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51
(a) State Missouri (b) County Johnson 2
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 422 Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Eipper
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Eipper
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March (Month) 17 (Day) 1864 (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Illionis / (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name John Eipper
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Un Known
15. Birthplace (City, town, or county) Un Known 9 (State or foreign country)
16. (a) Informant Charles Eipper
(b) Address Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Cornelia Cemetary
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Missouri
19. (a) Jan 29, 1944 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 28 year 1944 hour 11 minute 15p M.
21. I hereby certify that I attended the deceased from Jan 10, 1944, to Jan 28, 1944 that I last saw him alive on Jan 28, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (right)	4 days
Due to: Hypertension Cardio-Vascular disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Cyphium M.D. (M. D. or other)
Address Warrensburg Missouri Date signed 1/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, Missouri

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.