

FILED JUN 13 1944

Registration District No. _____

Primary Registration District No. 4381

Registrar's No. 7

1. PLACE OF DEATH: Nodaway

(a) County Nodaway

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Laipple

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Marietta 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 22 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 1 2 hr. min.

9. Birthplace Fostoria Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation blacksmith

11. Industry or business _____

MOTHER FATHER

12. Name Paul Laipple

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Staley

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant P. M. Laipple
(b) Address 225 Niagara St Glendale Calif

17. (a) Burial (b) Date thereof May 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo.

19. (a) 5-26-44 (b) O. H. Bayler
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1944 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4:30 1944 5:30 P.M. 24
that I last saw him alive on 5/24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arterio Sclerosis with dementia 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____ Of autopsy _____

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 O. H. Bayler (M. D. or other) _____
Address _____ Date signed 5/26/44

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

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.

myself

Signed *Stanley Swanson*
Licensed Embalmer No. *396 E*
P. O. Address *Hopkins, Mo.*

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.