

S. No. 2  
 Form-5-42  
 Rev. 5-17-39  
 X32873

28212

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 13 1944

Registration District No. 107

Primary Registration District No. 5696

Registrar's No. 98

1. PLACE OF DEATH:  
 (a) County Livingston  
 (b) City or town (RURAL) Jackson Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
16 Miles Northwest of Chillicothe, Mo  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 65 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Livingston  
 (c) City or town (RURAL) Jackson Twp.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 16 Miles N.W. Chillicothe, M.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Josephine S. Piper  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 13th  
 year 1944 hour 7:15 minute \_\_\_\_\_ P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John W. Piper 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Feb. 24th. 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 1944  
 1944 to July 13 1944  
 that I last saw her alive on July 13 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 4 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of liver  
 Due to Secondary to Carcinoma of breast removed 2 yrs ago.  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Livingston County, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Major findings: 50  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Reed Percy  
 13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Noble  
 15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Piper  
 (b) Address Sampsel, Missouri.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 7 - 15 - '44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Edgewood Cemetery

(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?  
 \_\_\_\_\_

18. (a) Signature of funeral director F. B. Norman Co.  
 (b) Address Chillicothe, Missouri.

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

19. (a) July 15 (b) Lou Elba Curry  
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Bailey (M. D. or other) W. O.  
 Address Jamesport, Mo Date signed 8-12-44

aug 13 44 8

(Licensed Embalmer's Statement on Reverse Side)

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

Delayed

DEC 7 1944

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.....

..... Elmer Thomas ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Shillicothe 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.