

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4913

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 13 days
(Specify whether years, months or days) 66 years

3. (a) PRINT FULL NAME Edwin Lippert

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Lippert 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January 16 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Painter

11. Industry or business Contractor

12. Name John Lippert

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

14. Maiden name Mary Hrusessener

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Lippert

(b) Address 519 E. 24 Terrace

17. (a) Rural (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director J. W. Wagner

(b) Address Newark, N.J.

19. (a) 12-5-44 (b) T. E. Brown (NJ)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 519 E. 24 Terr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1944 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct. 21 1944 to Dec. 4 1944
and that death occurred on the date and hour stated above. 10:44
that I last saw him alive on Dec. 4 1944

Immediate cause of death: Coronary arteriosclerosis with acute myocardial infarction Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy See above

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 A. E. Upsher (M. P. or other) 12-5-44

Address Med. Dir. Gen'l Hosp. Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Alvin R. Hausschell

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.