

FILED JAN 13 1945

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 210

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 54 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 North Main 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma D. Lippman
3. (b) If veteran, name war _____ 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December 27 day _____
year 1944 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec 22
1944 to Dec 27 1944
that I last saw her alive on Dec 26 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Adolph F. Lippman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 2, 1862
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis not known

8. AGE: Years 82 Months 8 Days 25 If less than one day hr. _____ min. _____

Due to General Arteriosclerosis
Due to not known

9. Birthplace Brooklyn N.Y.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: Of operations 94d
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Michael Deutchel

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. E.O. Ellis

(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 12-30-44 (b) Anna Barber
(Date received local registrar) (Registrar's signature)

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 0

23. Signature A. Bloomer (M. D. or other) _____

Address Maryville Mo Date signed 12/28/44

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

74
1
2

JAN 10 1969

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 Clay M. Price
Licensed Embalmer No. 1822
P. O. Address Maryville 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.