S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20292

State File No.

Primary Registration District No. 5429

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 1 Twp
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 56

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Pieper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 1 (Day) 1870 (Year)

8. AGE: Years 74 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joe Pieper
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pardick
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Herman Pieper
(b) Address Leslie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pork Hudson Mo

18. (a) Signature of funeral director E H Temme
(b) Address Beaufort Mo.

19. (a) June 4-45 (Date received local registrar) (b) Don Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1945 hour 7:00 minute a M.

21. I hereby certify that I attended the deceased from 1938
, 1945, to , 1945;
that I last saw her alive on May 30, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	
C Vitamine Deficiency	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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 Charles A Fehm Jr (M. D. or other)
Address Gerald Mo Date signed 6-4-45

110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-10-45

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 E. H. Jemme, Registered Apprentice No.....,
working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort Me

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, above space should be left blank.