U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20778

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 565

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County LINN
(b) City or town BROOKFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 220 WEST BOSTON St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution no (Specify whether
In this community 20 yr (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINN 58
(c) City or town BROOKFIELD MO 1
(If outside city or town limits, write "RURAL")
(d) Street No. 220 W BOSTON St 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM PIPER
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife VENA PIPER
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased NOV. (Month) 13 (Day) 1886 (Year)
8. AGE: Years 58 Months 7 Days 2 If less than one day hr. min.
9. Birthplace MANKATO (City, town, or county) KANS 1 (State or foreign country)
10. Usual occupation INTERIOR DECORATOR
11. Industry or business
FATHER 12. Name DENTON PIPER
13. Birthplace BRAYMER (City, town, or county) MO 0 (State or foreign country)
MOTHER 14. Maiden name LOVENA PEETS
15. Birthplace UNKNOWN (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs VENA PIPER
(b) Address 220 W Boston. Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18 1945 (Month) (Day) (Year)
(c) Place: burial or cremation ROSE HILL
18. (a) Signature of funeral director Rusk Funeral Home
(b) Address 418 Linn. Brookfield. Mo.
19. (a) 6-18-1945 (Date received local registrar) (b) W W Carman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1945 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 5 1945 to June 15 1945; that I last saw him alive on June 15 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis — Interstitial	28 m
Due to: General Arteriosclerosis	0 m
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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 0
23. Signature B R Hodge (M. D. or other) MD
Address Brookfield Mo. Date signed 6-16-45

456 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 L. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin 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.