

FILED DEC 12 1945  
 Registration District No. 149

Primary Registration District No. 1002

State File No. 36345  
 Registrar's No. 4925

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether  
 In this community 25 years  
years, months or days)

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

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased August 12, 1860  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 8 1/2  
If less than one day hr. min.

9. Birthplace Henry County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Carpenter

12. Name William Piper

13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Taylor

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

16. (a) Informant Mrs. Annie Tesch

(b) Address 2417 College K.C. Mo.

17. (a) Removal (b) Date thereof 11/30/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ossawatimie, Kan.

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 Linwood Bldg. K.C. Mo.

19. (a) 11-29-45 (b) M. Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1333 Grand  
(If rural, give location)  
 (e) Citizen of foreign country? No  
(Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 27  
 year 1945 hour 12 minute 25 P.M.  
 21. I hereby certify that I attended the deceased from Nov. 26, 19 45, to Nov. 27, 19 45  
 that I last saw him alive on Nov. 27, 19 45  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 83a  
(Include pregnancy within 3 months of death)  
 Major findings:  
 -Of operations \_\_\_\_\_  
 -Of autopsy None  
 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 \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Clark W. Sealight (M. D. or other)  
 Address Med. Dir. Gen'l Hosp. Date signed 11-28-45

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**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.....

*[Handwritten Signature]*  
.....  
Licensed Embalmer No. *3729*

P. O. Address..... *RE*

**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.**