

FILED DEC 13 1945
STANDARD CERTIFICATE OF DEATH

State File No. **37363**
Registrar's No. **28**

Registration District No. **139**

Primary Registration District No. **5-20**

1. PLACE OF DEATH:
(a) County **Holt**
(b) City or town **Rural Minton Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Forest City, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 Yrs.**
In this community **30 Yrs.**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Holt.**
(c) City or town **Rural Minton Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Forest City, Mo.**
(If rural, give location) **NO.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Pearl E. Lippold.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **26**
year **1945.** hour **10** minute **45** P.M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emil Lippold.** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **Nov 19 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 16**
85 to **Nov 26** 19**45**
that I last saw her alive on **Nov 25** 19**45**
and that death occurred on the date and hour stated above.

8. AGE: Years **56** Months **0** Days **7**
If less than one day
hr. _____ min. _____

Immediate cause of death **Myocarditis**
Due to **Hypertension**
Due to _____

9. Birthplace **Litchfield** **Nebr.**
(City, town, or county) (State or foreign country)
house work

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **932**
Of autopsy _____

11. Industry or business
12. Name **David P. Dickerson.**
13. Birthplace **Nebr.**
(City, town, or county) (State or foreign country)
14. Maiden name **Almira Blodgett.**
15. Birthplace **Mich.**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Emil Lippold**
(b) Address **Forest City, Mo.**
17. (a) Burial (b) Date thereof **11/29/45.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mound City, Mo.**

23. Signature **F. E. Hooper** (M. D. or other) _____
Address **Mound City** Date signed **11-28-45**

18. (a) Signature of funeral director **W. H. Crawford**
(b) Address **Mound City, Mo.**
19. (a) W. E. B. (b) **J. C. Gray**
(Date received local registrar) (Registrar's signature)

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

400

1454

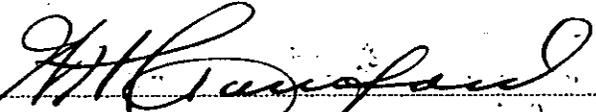
RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 

Licensed Embalmer No.....

P. O. Address.....

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.