

S. No. 2
M-5-43
y. 5-17-39
b I X36671

FILED OCT 7 1946

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
676 South Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community All Her Life years, months or days)

3. (a) PRINT FULL NAME Veda Pearl Piper

3. (b) If veteran, name war. # 3. (c) Social Security No. #
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased Jan. 9 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 I 9 hr. min.

9. Birthplace Arrow Rock Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Helped take care of Mother
11. Industry or business

12. Name Roy C. Piper
13. Birthplace Gilliam Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Hubbard
15. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Piper
(b) Address Marshall, Mo.
17. (a) Burial (b) Date thereof 9/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arrow Rock Cemetery

18. (a) Signature of funeral director J. Leslie Murray
(b) Address 924 Lafayette St.
19. (a) 9-25-46 (b) M. S. O. Watson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 676 South Jefferson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 46 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 15 to 16 Sept 1946
that I last saw him alive on 15 Sept 1946
and that death occurred on the date and hour stated above.
Immediate cause of death.

Cerebral Hemorrhage 3 days
Hypertension 1 yr
Chronic Arthritis 45 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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) No
(b) Date of occurrence 9/23/46
(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) (c) Means of injury
23. Signature M. S. O. Watson (M. D. or other)
Address Marshall Date signed 9/24/46

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

RECEIVED

Health Officer No. 8,

U.S. File

10-5-42

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.....

J. Leslie Sumner

Licensed Embalmer No. *3235*

P. O. Address *Marshall, Tex.*

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.