

FILED MAY 8 3 1947

Registration District No. 335 Primary Registration District No. 6118 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Khipfek

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Feb 1947 to 4/5 1947 that I last saw him alive on 4/4 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Loisa Pobst Khipfek

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 14, 1867
(Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis?

Duration _____

8. AGE: Years Months Days If less than one day

80 2 21 hr. min.

Due to _____

Due to _____

Other conditions Carcinoma of Stomach
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: 46A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Antoin Khipfek

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

14. Maiden name Johanna Scheeter

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Khipfek

(b) Address Oran Mo

17. (a) Burial (b) Date thereof 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Guardian Oran Mo

18. (a) Signature of funeral director Buslinghoff Funeral

(b) Address Chaffee, Mo

19. (a) 4-20/47 (b) W. Blackman
(Date received local permit) (Registrar's signature)

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) (b) Means of injury _____

23. Signature J. C. Cline (M. D. or other) _____

Address Oran Mo Date signed 4/7/47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 547-662

Date Filed 5-5-47

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 Jack T. Burnett, Registered Apprentice No. No no assigned, working under my personal supervision.

Signed Mamie Buepinghoff
Licensed Embalmer No. 3242
P. O. Address Chaffee 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.