

FILED DEC 2 1947

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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 So. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 Years (Specify whether years, months or days)
In this community 74 Years

3. (a) PRINT FULL NAME Mrs. Emma Frances Piper

3. (b) If veteran, # # 3. (c) Social Security No. # #
name war #

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Roy Piper 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 24 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business W.R. Hubbard
12. Name Montgomery Co. Mo.
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Aretta Groom
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 11/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock Cemetery

18. (a) Signature of funeral director H. F. G. Groom
(b) Address Marshall, Mo.

19. (a) 11-16-1947 (b) Richard T. Groom
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 So. 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 Nov day 14 year 1947 hour 2:20 minute PM

21. I hereby certify that I attended the deceased from Oct 1 1947 to Nov 14 1947
that I last saw her alive on Nov 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon (ascending) Duration 3 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Richard T. Groom M. D. or other DO.

Address Marshall, Mo. Date signed 11-17-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-1-47

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 _____

Maurice V. Newton, Registered Apprentice No. 51
working under my personal supervision.

Signed _____

J. Leslie Surrency
Licensed Embalmer No. 32358

P. O. Address Marshall, 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.