No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

Registration District No. 289

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 13365

Primary Registration District No. 3043

Registrar's No. 129

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 616 Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 616 Hill St 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Frank Otto Kips
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 28 (Day) 1857 (Year)

8. AGE: Years 90 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....
FATHER
12. Name: Unknown 4
13. Birthplace ..... (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) (State or foreign country) 4
16. (a) Informant: Marie Kips
(b) Address: 616 Hill St Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary Cemetery
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo
19. (a) 4-8-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour ..... minute 6:30 a.m.

21. I hereby certify that I attended the deceased from ~~Feb~~ Feb 29, 1948 to Mar 6, 1948 that I last saw him alive on Mar 5, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pneumonia | 1 day |
| Due to: Uremia | 7 day |
| Due to: Prostatitis prostatitis | 7 day |
| 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: Glenn R Miller M. D. (M. D. or other)
Address: Hannibal Mo Date signed May 16 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.