

S. No. 390
MOM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. H166

State File No. 32468

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County De Kalb

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

(c) Name of hospital or institution:
Home
(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 16 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Weatherby Mo
(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 LULA 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 Married

6. (b) Name of husband or wife Fred Piper 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 4, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Warner

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

14. Maiden name Krutchler

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Piper

(b) Address Weatherby Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-22-48
(Month) (Day) (Year)

(c) Place: burial or cremation Freemont Neb.

18. (a) Signature of funeral director John [Signature]

(b) Address Maysville Mo

19. (a) 10-22-48 (Date received local registrar) (b) Robert Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1948—hour _____ minute 3-P M.

21. I hereby certify that I attended the deceased from 27
Sept, 1948, to Oct 20, 1948
that I last saw her alive on Oct 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Causes of the Liver

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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) _____

(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 _____ (c) Means of injury _____

23. Signature John [Signature] (M. D. or other) _____
Address Bellevue Mo Date signed 10/21/48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

John B. Ryan

Licensed Embalmer No. **3933**

P. O. Address **Maysville 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.