

FILED FEB 5 1943

Registration District No. 99

Primary Registration District No. 5379

Registrar's No. 77

1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Rural 7 mi. Sherman  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb  
(c) City or town Rural  
(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 0

3. (a) PRINT FULL NAME CORA LEE PIPER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife W. M. Piper 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased April 9, 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Worth County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James S. Turvell  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Ann Richardson  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith W. Piper

(b) Address King City Mo.

17. (a) Burial (b) Date thereof Jan 6, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo.

19. (a) 1-11-43 (b) C. W. Drigley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1938  
\_\_\_\_\_ 19 \_\_\_\_\_ to Jan 4 19 43  
that I last saw her ER alive on Jan 4 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Due to Paralysis Agitans  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Dr. J. K. Barnes, Jr. M.D.  
Address King City, Mo. Date signed 1/5/43

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

32  
0  
0

32  
0  
0

**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 Lucile M. Wilson  
Licensed Embalmer No. 2830  
P. O. Address King City, 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.**