

Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson Mo
(b) City or town Keokuk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In _____ community 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Lewassy
(If outside city or town limits, write "RURAL")
(d) Street No. 1111
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME ARTHUR A. PIEPMIER
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23 rel
year 1943 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from May 8, 1943 to May 23, 1943;
that I last saw him alive on May 23, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Sept - 10 - 1893
(Month) (Day) (Year)

Immediate cause of death acute gangrenous ruptured appendicitis, peritonitis
Due to 12:11 Duration 20 days
Due to _____

8. AGE: Years 49 Months 8 Days 13 If less than one day _____ hr. _____ min.
9. Birthplace Lewassy-Jackson Co. Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations Rupture of gangrenous appendicitis PHYSICIAN
Of autopsy none
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
11. Industry or business Has own farm
12. Name George F. PIEPMIER
13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name ANNA-A. NAGLE
15. Birthplace Keokuk Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Emile Piepmier
(b) Address Buckner Mo
17. (a) Burial (b) Date thereof May 25-43
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lewassy Cemetery
18. (a) Signature of funeral director W. M. Keppel
(b) Address Buckner Mo
19. (a) 5-26-43 (b) W. M. Brown
(Date received local registrar) (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) (e) Means of injury _____
23. Signature W. M. Keppel (M. D. or other)
Address 151 E. 1st Date signed 5/23/43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.