

FILED SEP 10 1944

Registration District No.

Primary Registration District No. 3002

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 312 W. Jackson
(if rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Frank J. Pimpell
 3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex M 5. Color or Race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Sept 11, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 24 hr. min.

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

10. Usual occupation Food Handler

11. Industry or business Own Sandwich Shop

MOTHER FATHER
 12. Name Jospeh Pimpell
 13. Birthplace Pike County, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Catherino Wrightmeyer
 15. Birthplace Pike County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Pimpell
 (b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof Aug. 8, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Clay Arnold

(b) Address Mexico, Missouri

19. (a) 8/6/44 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
 year 1944 hour 4 minute 15 P. M.
 21. I hereby certify that I attended the deceased from March 3, 1944 to Aug 15, 1944
 that I last saw him alive on Aug 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 19 day
 Due to generalized arterio-sclerosis and 10 years
hypertension
 Due to Coronary disease of 5 years
 Other conditions heart
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 930
 Of operations
 Of autopsy

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 0
 23. Signature Karl S. Maneval (M. D. or other) MD
 Address Mexico, Mo Date signed 8/7/44

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1542

Date Filed SEP 8 1944

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *Clara Annals*.....

Licensed Embalmer No. 3569.....

P. O. Address *Mexico 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.