

7770 JUL 11 1945

Registration District No. 195

Primary Registration District No. 100.2

Registrar's No. 2685

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town 1201
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1201 Garfield
(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) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town 1201
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 Garfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE M. PIPER

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 1945 hour 2:10 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Piper

6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased: Month Day Year
12 11 1875

Immediate cause of death: Perforating ulceration

Due to acute salivary

8. AGE: Years 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Louisiana Feb 1
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Joe, Healy

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

14. Maiden name Paula Knorr

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

Major findings: Of operations _____

Of autopsy Aspirin History of Impetigo

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Piper

(b) Address 1201 Garfield

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 1/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Island Cem. Carroll-Panda

(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? _____

18. (a) Signature of funeral director Carroll-Panda

(b) Address 3024 T. root

While at work? _____ (Specify type of place) (e) Means of injury 3

19. (a) 6-25-45 (b) Heraldine Helmer
(Data received local registrar) (Registrar's signature)

23. Signature Jimmie C. Helmer (M. D. or other) Coroner
Address 1924 Poplar Blvd Date signed 6-23-45

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

4
3
8

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.