

FILED MAY 12 1947

Registration District No. **369**

Primary Registration District No. **4538 6249**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County **WAYNE**
(b) City or town **PIEDMONT (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **WAYNE**
(c) City or town **PIEDMONT (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 _____

3. (a) PRINT FULL NAME **MARY HIXSON PIPKIN**

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 **W 2**

6. (b) Name of husband or wife **PATRICK MURPHY PIPKIN** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOV 26 1856**
(Month) (Day) (Year)

8. AGE: Years **90** Months **2** Days **20** If less than one day hr. min.

9. Birthplace **CARTER Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE KEEPER.**

11. Industry or business _____

MOTHER FATHER { 12. Name **HENRY HIXSON**

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

14. Maiden name **MALINDA BRYANT**

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

16. (a) Informant **MRS ROBERT JONES**

(b) Address **PIEDMONT Mo.**

17. (a) **BURIAL** (b) Date thereof **FEB 18 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MASONIC CEM. PIEDMONT**

18. (a) Signature of funeral director **William Bodin**

(b) Address **PIEDMONT Mo.**

19. (a) **4-9-1947** (b) **Burke O. Piles.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **16**
year **1947** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 19 1946 to Feb 16 1947**
that I last saw her alive on **2-16-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Bronchitis** Duration **1 year**

Due to _____

Due to _____

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

Major findings: Of operations **106C**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **C. L. Jones M.D.** (M. D. or other)

Address **Piedmont Mo.** Date signed **2-22-47**

RECEIVED

Health Officer No. 4
File Number 547-654
Date Filed 5-9-47

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.....

Coder Funeral Home, Registered Apprentice No.
working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.