

FILED MAR 15 1948

Registration District No. _____

Primary Registration District No. 5696

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
14 miles N.W. Chillicothe
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 68 years
years, months or days)

3. (a) PRINT FULL NAME

John Walter Piper

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine Piper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 31 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 20 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Martin V. Piper

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

14. Maiden name Ida Kesler

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

16. (a) Informant Ruth Pultz

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 4-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Mo.

19. (a) March 13/48 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 14 miles N.W. Chillicothe
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from the
 1947 to Apr 20 1947
 that I last saw in alive on April 19 1947
 and that death occurred on the 20 day and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Coronary Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

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? 2

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

23. Signature F. B. Bailey (M. D. or other) MD

Address Jennings, Mo Date signed 3-2-48

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

MOTHER FATHER

MAR 17 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Elton F. Naman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.