

FILED JUL 12 1948

Registration District No. 120

Primary Registration District No. 5449

1. PLACE OF DEATH:

(a) County Lentz
(b) City or town King City, Mo Rural Jackson
(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 1 month
years, months or days

3. (a) PRINT FULL NAME Duncan M. Piper

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Cora Piper 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 6, 1862
(Month) (Day) (Year)

8. AGE: Years 85- Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Bluff south County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Telephone Manager

11. Industry or business

MOTHER FATHER
12. Name John F. Piper
13. Birthplace Bluff south County Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann M. Arthur
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. Piper
(b) Address King City Mo

17. (a) Burial (b) Date thereof June 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Jacile M. Wilson
(b) Address King City, Mo.

19. (a) June 28 1948 (b) Thomas M. Tolson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32
(c) City or town Union Star, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles south of Union Star
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 11 minute AM
21. I hereby certify that I attended the deceased from June 11
1948 to June 27 1948
that I last saw him alive on June 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____
Due to _____

Other conditions Arteriosclerosis
(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?

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

23. Signature W. A. Barnes (M. D. or other) _____
Address King City, Mo. Date signed 6/29/48

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

DISTRICT HEALTH OFFICE
Camden, 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..... *Lucile M. Wilson*

Licensed Embalmer No... *2830*

P. O. Address... *King City, 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, above space should be left blank.