

and voluntary act and deed of such corporation, for and on behalf of said corporation by authority of its board of directors.

Given under my hand and seal of office the day and year first above written.

(SHIRLEY R. HARMAN)
(NOTARIAL SEAL)
(COMMISSION EXPIRES)
(DEC. 12, 1955)
(DOUGLAS COUNTY,)
(NEBRASKA)

Shirley R. Harman
Notary Public

My commission expires Dec. 12, 1955.

CERTIFICATE OF DEATH

Joseph Pipal
- to -
Public

Filed May 19, 1950 at 8:10 A. M.

Lucille Horn Gaines
Register of Deeds

\$ 2.25

Index against SW 1/4 Section 33, Township 12 Range 13 Cass County, Nebraska.
By R. M. Walling

-JUMPARED

SER. B NO. 7838 D

DEPARTMENT OF HEALTH
Division of Vital Statistics
STANDARD CERTIFICATE OF DEATH

H-7
FEDERAL SECURITY AGENCY
UNITED STATES PUBLIC HEALTH SERVICE

City of Omaha, County of Douglas, State of Nebraska

59795

Social Security No.

1. PLACE OF DEATH: (a) County Douglas (b) City or town Omaha (c) Name of hospital or institution 5821 Pine St. (If not in hospital or institution write street number or location)
2. USUAL RESIDENCE OF DECEASED: (A) State Nebraska (B) County Douglas (C) City or town Omaha (D) Street No. 5218 So. 21st St. (If rural give location) (E) If foreign born, how long in U.S.A? 55 years
- (d) Length of stay: In hospital or institution 1 day (Specify whether) 55 years
In this community 55 years (years, months or days)
- 3(a) FULL NAME Joseph Pipal
- 3(b) If veteran, name war
4. Sex male 5. Color or race white 6 (a) Single, widowed, married, divorced married
- 6(b) Name of husband or wife Mary Rose Jaros
- 6(c) Age of husband or wife if alive 62 yrs.
7. Birth date of deceased Oct. 24, 1875 (Month) (day)(Year)
- 8, AGE: Years Months Days If less than one day
71 8 12 hr. min.
9. Birthplace Strmechy, Tabor, Pelhrimov, Cechie, C. S. (City, Town or County)(State of foreign country)
10. Usual occupation Hardware dealer
11. Industry or business Hardware and Cutlery merchant
12. Name Jan (John) Pipal
- Father 13. Birthplace Lhotky, Tabor, Pelhrimov, Cechie, C. S. (City, town or county) (State or foreign country)
- Mother 14. Maiden Name Katerine Vendra
15. Birthplace Strmechy, Tabor, Pelhrimov, Cechie (City, town or county)(state of foreign country)
16. (a) Informant's own signature Mrs. Mary R. Pipal, wife
(b) Address 5218 So. 21 St.
17. (a) burial (b) Date thereof 8-8-47 (Burial, cremation or removal) (Month)(day)(Year)
(c) Place: burial or cremation Bohemian Natl Cem.
18. (a) Signature of funeral director Brewer-Korisko F. Home
(b) Address 4609 So. 24
19. (a) 8-11-47 (b) R. A. Harmon (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug. day 4 1947 8 hour 57 minute PM

21. I hereby certify that I attended the deceased from Jan 2 1942 to Aug. 4, 1947; that I last saw him alive on Aug. 4, 1947, and that death occurred on the date and hour stated above

Immediate cause of death Respiratory failure

Duration

Due to Cardiac Regurg. Hypertension