DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41196

FILED JAN 8 1941

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4589

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1233 Holmes St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 (Specify whether years, months or days)

In this community 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1233 Holmes St (If rural, give location)

(e) If foreign born, how long in U. S. A.? all life years.

3. (a) PRINT FULL NAME HERBERT L PEPPER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Bertha Pepper

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec (Month) 3 (Day) 1892 (Year)

8. AGE: Years 48 Months 11 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Springfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business Salman

MOTHER FATHER

12. Name B F Pepper

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

14. Maiden name Allace Yonce

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

16. (a) Informant J M Pepper

(b) Address 1521 E 50

17. (a) (Burial, cremation, or removal) (b) Date thereof Dec 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director C A Thersen

(b) Address 2512 Holmes St

19. (a) 12-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 11-30-40

year ___ hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19__, to 12 45 P. ___, 19__;

that ~~I last~~ ___ alive on ___, 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary congestion

Due to Hypertrophy of the heart

Due to

Other conditions 95B2
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed P. G. Thrusen

Licensed Embalmer No. 2361

P. O. Address 2513 Halsey st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.