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FEB 17 1941

Registration District No. 491

Primary Registration District No. 07655

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Snowhill
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community This Community years, months or days 1 year 6 mos

8. (a) PRINT FULL NAME CLARA CHRISIAN PEPPING

8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Fred K Pepping 6. (c) Age of husband or wife if alive, years 51

7. Birth date of deceased Not (Month) (Day) (Year) 5. 1875

8. AGE: Years 65 Months 2 Days 21 If less than one day hr. _____ min. _____

9. Birthplace St Louis (City, town, or county) MO. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bergsieber

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant _____

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Lutheran Cem.

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Tracy

19. (a) Jan 26 (Date received local registrar) (b) Mrs. Clara Pepping (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town Rural Foley 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1941 hour 11:10 P.M. minute 10 M.

21. I hereby certify that I attended the deceased from January 25 1941 to Jan. 25 1941 that I last saw her alive on January 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Hypertension

Due to _____

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

Major findings: _____ Of operations _____ Of autopsy _____

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 _____

Signature J. J. Allivato (M. D.) _____

Date signed 1/27/1941

PHYSICIAN Underline the cause to which death should be charged statistically.

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

57
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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

Wayne Mc Coy

Licensed Embalmer No.

3286

P. O. Address

Tracy 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.