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-4-41
17-39
X26390

Registration District No. 290

Primary Registration District No. 5408

Registrar's No. _____

1. PLACE OF DEATH: Dunklin, Mo.
 (a) County Dunklin, Mo.
 (b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Dezar Solomon Peprich
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 23
 year 1941 hour 5 minute 0 P. M.
 21. I hereby certify that I attended the deceased from June 28
 _____ 1941 to June 23 1941
 that I last saw him alive on June 10 1940
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Harold Peprich
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 31 - 1884
(Month) (Day) (Year)

Immediate cause of death Chronic Int. Nephritis
 Duration _____

8. AGE: Years 57 Months 4 Days 21
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____ 1710

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

10. Usual occupation Farming

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

MOTHER FATHER
 11. Industry or business _____
 12. Name John Franklin Peprich
 13. Birthplace not known
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence R. Kaush
 (b) Address Revere, Missouri
 17. (a) Burial (b) Date thereof 6-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Revere

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?
2163 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director W. Daniel
 (b) Address Deuth, Mo.
 19. (a) June 24 - 1941 (b) A. D. McDaniel
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Peprich (M. D. or other) _____
 Address Deuth, Mo. Date signed June 24

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

JUN 30 1941

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.....

J.H.P. Groch

Registered Apprentice No.....

working under my personal supervision.

Signed.....

J.H.P. Groch

Licensed Embalmer No. *4006*

P. O. Address. *Senath 777*

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.