S. P. Martain

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

No. 2
41
39
29484

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7352

Registration District No. 604 Primary Registration District No. 6263 Registrar's No. 10

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural Huff
(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 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Mibs S.E. of East Prairie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BLANCHIE PEPPER
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Fem'l
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harve Pepper
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June (Month) 5th (Day) 1903 (Year)

8. AGE: Years 38 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Larue Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Neal Thompson
13. Birthplace Green Co. (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Unknown U.K.
15. Birthplace Unknown (City, town, or county) U.K. (State or foreign country)
16. (a) Informant Harve Pepper
(b) Address Matthew's, Mo. Rt. 2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour 9.45 minute a M.
21. I hereby certify that I attended the deceased from Jan 2, 1942 to Feb 22, 1942 that I last saw her alive on Feb 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (Bright's Disease) Chr. Interstitial Nephritis — Duration
Due to
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature S. P. Martin (M. D. or other)
Address E. Fourth Ave Date signed 3-3-42

1031

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1942

RECEIVED
District Health Office No. 2,
District File Number 342-42
Date Filed 3-13-42

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 James M Scott, Registered Apprentice No. 316 working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo.

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

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

. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7357

Registration District No. 604 Primary Registration District No. 6203 Registrar's No. 38

1. PLACE OF DEATH:
(a) County: New Madrid
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Blanche Pepper
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June (Month) 5 (Day) 1898 (Year)
8. AGE: Years 38 Months 8 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4/11/42 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY