

FILED DEC 11 1942
Registration District No. 337

Primary Registration District No. 4495

Registrar's No. 108

102
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby Co.

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
In this community 60 Years
years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Bethel Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Robert Pepper

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 10 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business X

MOTHER FATHER

12. Name Joseph Warren Pepper

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

14. Maiden name Nancy Cochran

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

16. (a) Informant Mrs. Beulah Cochran
(b) Address Bethel Mo.

17. (a) Burial (b) Date thereof 11-27-1942
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director Mellon Barkley
(b) Address Shelby Mo.

19. (a) Dec. 4 42 (b) Madge Gooch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1944 to July 1942
that I last saw him alive on July 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Arteriosclerosis
Chronic Nephritis

Due to _____

Duration 4 yrs?

Due to _____

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

Major findings: 1318
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? _____

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

23. Signature Dr. Howard L. Dutton (M. D. or other) DD
Address Bethel Mo. Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 12-42-4028

Date Filed Nov - 10 - 1942

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..... *Elmer H. Harris*

Licensed Embalmer No. 3498

P. O. Address..... *Shelburne - Md*

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.