

V. S. No. 2
50M-5-42
Rev. 5-17-33
U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20555
Registrar's No. 2485

JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community all her life
years, months or days)

3. (a) PRINT FULL NAME Mrs. Julia List Peppard,
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Joseph Greer Peppard, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased April 13 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 18 If less than one day
.....hr.min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation at home,
Z

11. Industry or business

12. Name John List,

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

14. Maiden name Unknown,

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

16. (a) Informant J. G. Peppard

(b) Address 42 East 55th Ter., Kansas City, Mo.

17. (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-1-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3710 Robert Gillham Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from October 28,
1935, to May 31, 1943
that I last saw her alive on May 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis Duration 2 days
Due to Arterial Hypertension 10 yrs
Due to Diabetes Mellitus 13 yrs
Other conditions Arteriosclerosis, Biliary yrs
(Include pregnancy within 3 months of death)
Major findings: 61 PHYSICIAN
Of operations
Of autopsy as above.
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 T. T. Bohan (M. D. or other)

Address 1123 Bohan Date signed 6-1/43

Dr. R. T. Bohan

Flagor Med, Sec.
On arm

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.....

[Handwritten Signature]
.....
Licensed Embalmer No. 1415
P. O. Address. R. E. V. D. 16

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.