

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34205**

Registration District No. **1943**

Primary Registration District No. **1000**

Registrar's No. **1096**

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

1. PLACE OF DEATH:

(a) County **Buchanana**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
322 W. Kansas Ave.
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **322 W. Kansas Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Robert Henry Peppard**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **500-07-4499**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Peppard** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Feb. 14, 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	7	13	hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business **St. Joseph Terminal Warehouse**

12. Name **Garrett Peppard**

13. Birthplace **Wooster Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Moulder**

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

16. (a) Informant **Mimmie Peppard**
(b) Address **322 W. Kansas Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 9, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Clark Martland**
(b) Address **5025 King Hill Ave., St. Joseph, Mo.**

19. (a) **10-9-43** (Date received local registrar) (b) **Rose Peppard** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7** year **1943** hour **12** minute **50 a** M.

21. I hereby certify that I attended the deceased from **Sept 16** 19**43** to **Oct 7** 19**43**; that I last saw him alive on **Oct 6** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Neurocardial Insufficiency**

Due to **Chronic Hypertension**

Other conditions **9222**
(Includes 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? _____

23. Signature **Huston H. Law** (M. D. or other) **M.A.**
Address **Kirkpatrick Bldg. St. Joseph, Mo.** Date signed **10/7/43**

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 10-7-43

....., Registered Apprentice No.....
working under my personal supervision.

Signed Eva Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph No.

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.