

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10061

FILED MAR 18 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1082

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Home 1031 Myrtle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1031 Myrtle
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles W. Pepper

3. (b) If veteran, no (c) Social Security name war. 493-R-2048

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 2 years (Day) (Year)

7. Birth date of deceased July 15 - 1891
(Month) (Day) (Year)

Immediate cause of death Interosclerotic heart Disease.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years 72 Months 7 Days 22 If less than one day _____

Major findings: Of operations _____

Of autopsy Inspection and history

9. Birthplace Mo. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Painter

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? _____

MOTHER FATHER

11. Industry or business _____

12. Name Charles W. Pepper

13. Birthplace Mo. 1 (City, town, or county) (State or foreign country)

14. Maiden name Ann

15. Birthplace Mo. 1 (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Ruth

(b) Address 1031 Myrtle

17. (a) Burial (b) Date thereof 3/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wm. W. ...

18. (a) Signature of funeral director Wm. W. ...

(b) Address J.C. Mo

19. (a) 3-8-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

While at work: E. E. ... (Specify type of place) (Means of injury)

23. Signature E. E. ... (M. D. or D. O.) W. D.

Address 2217 W. ... Date of death 3/7/44

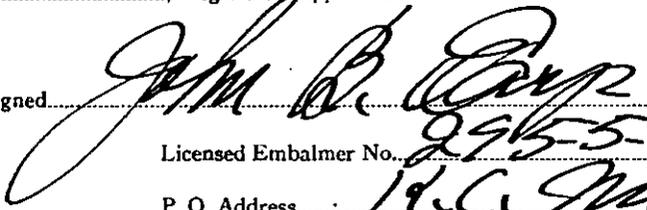
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....


Licensed Embalmer No. 2955

P. O. Address.....
H.C. 9th

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.