

S. No. 2
M-8-43
5-17-39
#1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10137
Registrar's No. 32

FILED MAR 16 1945
Registration District No. 3040

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
(a) County Lewiston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 119 Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lewiston
(c) City or town Chillicothe 59
(If outside city or town limits, write "RURAL")
(d) Street No. 119 Webster 1
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or, No)
If yes, name country 0

3. (a) PRINT FULL NAME: John Alexander Pepper
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 26
year 1945 hour 7 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Feb 24 1945 to Feb 26 1945
that I last saw him alive on Feb 25 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Mary Margret Pepper
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Mar 13 1857
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years 88 Months 9 Days 13
If less than one day hr. _____ min. _____

Due to X P
Due to g 30
Other conditions ✓
(Include pregnancy within 3 months of death)

9. Birthplace Spanghill Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Salesman
11. Industry or business Shoe Salesman

Major findings:
Of operations ✓
Of autopsy ✓
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Geo. Pepper 9
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Edgewise Stewart 11
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Mae Fisher
(b) Address Trenton Mo

22. If death was due to external causes, fill in the following:
(c) 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? ✓

17. (a) Burial (b) Date thereof 2-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood

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

18. (a) Signature of funeral director E. S. ... 3227
(b) Address _____

23. Signature Reuben Barry (M. D. or other) ✓
Address Chillicothe Mo. Date signed 2-26-45

19. (a) Feb 27 (b) Levitha Curry
(Date received local registrar) (registrar's signature)

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.....

Was Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *E Beckett*

Licensed Embalmer No. *3227*

P. O. Address. *Chillicothe MO*

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.