

FILED OCT 11 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 61

Primary Registration District No. 4207

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution: Martha Chambers Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 months
(Specify whether)
 In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
 (c) City or town Schell City 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Margaret Hannah Dade Pepper

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife W. L. Pepper 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased August 11 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 27 If less than one day — hr. — min.

9. Birthplace St. Clair County Mo. Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

12. Name Baldwin Dade
 13. Birthplace Boonerville Mo. Mo. 6
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Elizabeth Dennis
 15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. B. Dade

(b) Address Schell City, Mo. R.F.D. #1

17. (a) Burial (b) Date thereof Sept 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Lute Lewis

(b) Address Schell City Mo.

19. (a) 9/21/46 (b) J. C. Bronner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
 year 1946 hour 7 minute — P.M.

21. I hereby certify that I attended the deceased from Sept 2nd 1946 to Sept 7 1946
 that I last saw her alive on Sept 7 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to.....

Due to.....

Other conditions. 83A
(Include 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?
(Specify type of place)

While at work?..... (e) Means of injury 2

23. Signature C. H. Underwirth (M. D. or other) MD

Address El Dorado Spgs. Mo. Date signed 9-11-46

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
DI
Form No. 7,
9-46-1045
Date Filed 10-10-46

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 *Marion M. Lewis*
Licensed Embalmer No. *3084*
P. O. Address *Schell City, 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.