

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

NOV 20 1940

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Madison, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison,
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Isoha Lepper

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 Married
6. (b) Name of husband or wife John Lepper 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 8 26 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 14 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Ben Stevens
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Dosha Ann Doyke
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's name G. E. Lepper
(b) Address W. L. Lepper, Mo. & W. Mo.
17. (a) Burial (b) Date thereof 10 15 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middle Grove

18. (a) Signature of funeral director Paul C. Thompson

(b) Address Madison Mo

19. (a) 1940-40 (b) Paul C. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 10 day 10th
year 1940 hour 8 1/2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 26, 1934
_____, 1934, to Oct. 10, 1940,
that I last saw her alive on Oct 1, 1940

Immediate cause of death myocarditis Duration 9 yrs
chronic with acute
plaque
Due to nephritis years
Due to Hypertension years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 121
Of operations _____
Of autopsy _____

PHYSICIAN

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? 51a

While at work? _____ (Specify type of place) _____ (a) Means of injury _____

23. Signature P. C. Quern (M. D. or other) DO.

Address Madison Mo Date signed 10/14/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Fred A. Thompson

Licensed Embalmer No. *1420*

P. O. Address *Madison, 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, above space should be left blank.