

REC'D SEP 5 1941
Registration District No. **98**

Primary Registration District No. **5145**

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

1. PLACE OF DEATH:
 (a) County Baldwell
 (b) City or town Rural - New York Sup
(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 years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell
 (c) City or town New York Sup Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM THOMAS R. PEPETO
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 21
 year 1941 hour 9:00 minute _____ P. M.
 21. I hereby certify that I attended the deceased from August 21
21 1941 to August 21 1941.
 that I last saw him alive on August 21 1941.
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elda Noble Pappeto 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Aug 22 1899
(Month) (Day) (Year)

Immediate cause of death Crushed Liver and 9 broken ribs. Lived 5 hours
 Due to Being run over by an automobile
 Due to _____

8. AGE: Years 62 Months _____ Days _____ If less than one day hr. _____ min. _____

Other conditions 170
(Include pregnancy within 3 months of death)

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER { 12. Name William Harrison Pappeto
 13. Birthplace Dallas Mo. D
(City, town, or county) (State or foreign country)
 14. Maiden name Clarrice Durca
 15. Birthplace Dallas Mo. D
(City, town, or county) (State or foreign country)

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

16. (a) Informant Orinley E. Smith
 (b) Address Hamilton
 17. (a) Burial (b) Date thereof Aug 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Run over by Auto
 (b) Date of occurrence Aug 21 1941 at 4 PM
 (c) Where did injury occur? Near his home
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public road
(Specify type of place)
 While at work? _____ (c) Means of injury _____

(c) Place: burial or cremation St. Gregory Cemetery
 18. (a) Signature of funeral director J. R. Houghlin
 (b) Address Hamilton Mo.
 19. (a) Aug - 23 - 1941 (b) Mrs Ruth Hill
(Date received local registrar) (Registrar's signature)

23. Signature D. D. Ends (M. D. ~~_____~~)
 Address Hamilton Mo. Date signed 8-23-41

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.....

working under my personal supervision.

L.R. Foughton
Registered Apprentice No.....

Signed.....

L.R. Foughton
Licensed Embalmer No. *13854*

P. O. Address *Hamilton*

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.