DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1941
OCT

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28490

Registration District No. 3048 Primary Registration District No. 3019 Registrar's No. 208

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

048 4 4

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours 0 (Specify whether
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048 3 8

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3823 Olive Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME JOHN C. PEPPER, JR.

3. (b) If veteran, name war None

3. (c) Social Security No. 496-03-0297

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 5 (Day) 1917 (Year)

8. AGE: Years 24 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Weston, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name John C. Pepper
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martie A. Miller
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John C. Pepper
(b) Address Weston, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 3 (Day) 41 (Year)
(c) Place: burial or cremation Weston, Missouri

18. (a) Signature of funeral director Brill Funeral Home
(b) Address Weston, Missouri

19. (a) Aug. 4-41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 8-3-41
year hour minute M.

21. I hereby certify that I attended the deceased from 4:00 a.m. 19 , to 19 ;
that I last saw by alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Hemoperitoneum
Rupture of the liver
Automobile traumatism
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

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) Accident
(b) Date of occurrence 8-3-41 040
(c) Where did injury occur? Jackson (City or town) Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Passenger in car involved in accident
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address K.C. Mo Date signed 8-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Walker

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Ave

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.

V. S. No. 2B
30M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28490

Registration District No. 398 Primary Registration District No. 3019 Registrar's No.

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

Dep. Coroner Kansas City

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence San. (If not in hospital or institution, write street number or location)

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

In this community 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 John C Pepper Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar (Month) 5 (Day) 1917 (Year)

8. AGE: Years 24 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemoperitoneum

Due to Rupture of the liver

Due to Rupture of the liver

Other conditions Automobile traumatism (Include pregnancy within 3 months of death)

Major findings:
Of operations 6
Of autopsy 1 70C 22

Duration

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) Accident

(b) Date of occurrence 8-3-41

(c) Where did injury occur? Jackson County Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Passenger in car involved in accident (Specify type of place)

While at work? (e) Means of injury

23. Signature Victor B Burkes (M. D. or other)

Address K C Mo Date signed

S-28490