

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 2 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte ⁹⁰⁹

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

(d) Street No. 1319 S 30th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ²

If yes, name country _____

3. (a) PRINT FULL NAME Violet Elizabeth Peppard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 31 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>
			hr. - min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Thomas Peppard

13. Birthplace Hugoton Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Winifred Cooke

15. Birthplace Hugoton Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Peppard

(b) Address 1319 S. 30th St. K.C. Mo.

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof June 3, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Simmons General

(b) Address Kansas City, Kansas

19. (a) 6-1-42 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 7 minute 22 P.M.

21. I hereby certify that I attended the deceased from May 28 1942 to May 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-Pneumonia

Due to _____

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. J. Hasscock (M. D. or other)

Address 1306 Prof. Bldg Date signed 6-1-42

Duration 4-5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
3
8

1386
N: 2260
D. M. Blood
Blaircraft

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.....

Licensed Embalmer No.....

P. O. Address.....

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.