

FILED JAN 10 1944  
Registration District No. 311

Primary Registration District No. 6052

Registrar's No. 21

1. PLACE OF DEATH:

(a) County St. Clair, Co.  
(b) City or town Appleton City, Mo. (Rural)  
(If outside city or town limits, write "RURAL", and name of township)  
(c) Name of hospital or institution:  
none / Appletan City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair  
(c) City or town 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 BARBARA MARGARET PEPER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
7. Birth date of deceased July 21 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer's wife

11. Industry or business \_\_\_\_\_

12. Name John Hobler

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

14. Maiden name Margaret Barbara Lembert

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

16. (a) Informant Esther Peper

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Dec 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Appletan City

18. (a) Signature of funeral director Carroll E. Hoff

(b) Address Appletan City Mo

19. (a) Dec 11 1943 (b) Don M. Wells (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION Dec 1, 1943

20. DATE OF DEATH: Month July Day 1 Year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1 1943 to Dec 1 1943 and that death occurred on the day and hour stated above.

Immediate cause of death Heart failure

Due to Coronary artery heart disease

Due to Hypertension Chronic Nephritis

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) (b) Means of injury \_\_\_\_\_

23. Signature R. L. Hanson (M. D. or other) M.D.  
Address Appletan City Mo Date signed 12-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

73  
0  
0

1358

Dist. No. 12-43-1486  
Date Filed 1-7-44

**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 *Rosen* *Eckhoff*  
Licensed Embalmer No. *3942*  
P. O. Address *Appleton 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.**