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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3241

State File No.

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town ~~Carthage~~ Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Alms House 5
(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 no data

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Webb City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1014 Crow Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Lillie Peppers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 12 (Day) 1870 (Year)
8. AGE: Years 73 Months 2 Days 24 If less than one day hr. min.
9. Birthplace no data (City, town, or county) Texas 1 (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name William J. Webb
13. Birthplace no data (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER 14. Maiden name no data
15. Birthplace no data (City, town, or county) 9 (State or foreign country)
16. (a) Informant Son: Harry Peppers
(b) Address Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Nelge Nelson
(b) Address Webb City, Missouri
19. (a) Jan. 7 '44 (Date received local registrar) (b) Elizabeth Coupler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1944 hour 6:30 minute A.M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw it alive on 19 and that death occurred on the date and hour stated above.
Did not see him alive

	Duration
Immediate cause of death Chronic Myocardial Degeneration	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

GBd

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. H. Webster (M. D. or other) Coroner
Address Carthage Mo Date filed Jan 6 '44

1203 (Licensed Embalmer's Statement on Reverse Side)

14-1-4

JAN 3 1944

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. 2859

P. O. Address Webb 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.