

**FILED JUN 18 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18372

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 2028

Registrar's No. 119

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 53 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 905 Cedar St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Ethel Pepper  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13  
year 1944 hour 4:45 minute a M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Pepper  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased July 3 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10  
1944 to May 12 1944  
that I last saw her alive on May 12 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death:  
Strangled umbilical hernia  
Duration 3 days

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)  
122 F

11. Industry or business None

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

12. Name Ross Weesner

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

14. Maiden name Mary Hooper

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

16. (a) Informant George Pepper

(b) Address 905 Cedar, Carthage, Mo.

17. (a) Burial (b) Date thereof May 16, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 15 '44 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(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 Russell Smith M.D.  
Address Carthage Mo Date signed 5-15-44

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

44-5-449

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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.....  
*Ernest R. Stuebel*

Licensed Embalmer No. *391*

P. O. Address *Chicago*

**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.