

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

38982

FILED DEC 15 1944
Registration District No. 307

Primary Registration District No. 4499

State File No. _____
Registrar's No. 117

102
2
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Shelby Co.
 (a) County Shelby Co.
 (b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 wks. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Aida Casiena Pepper
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>F</u>	5. Color or race <u>W.</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Wm Pepper</u>		6. (c) Age of husband or wife if alive <u>68</u> years
7. Birth date of deceased <u>Mar 17 1875</u> <small>(Month) (Day) (Year)</small>		

8. AGE: Years <u>69</u>	Months <u>7</u>	Days <u>28</u>	If less than one day hr. _____ min. _____
-------------------------	-----------------	----------------	--

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel Keith

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Wiley Harrison

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Schuauer
 (b) Address Shelbina Mo.

17. (a) burial (b) Date thereof Nov 17 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Ky or County
 18. (a) Signature of funeral director W. Thigpen
 (b) Address Bethel Missouri
 19. (a) Nov 18 44 (b) Walter Grook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby
 (c) City or town Edina, Missouri
(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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 15
 year 1944 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from Nov 12, 1944, to Nov 15, 1944
 that I last saw her alive on Nov 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion

Due to Nervous Breakdown

Due to _____

Other conditions 110.3
(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 Car

23. Signature Ed M. Miller No. 200
 Address Shelbina Mo Date signed Nov 16 44

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

MAR 22 1945

RECEIVED

District Health Officer No. 10

District File Number 12-44-1985

Date Filed DEC 13 1934

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.....

Self

Registered Apprentice No.....

working under my personal supervision.

Signed *Cornelius Groves*.....

Licensed Embalmer No. 2719

P. O. Address *Bethel, 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.