

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **17402**

Registration District No. **208**

Primary Registration District No. **5762**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County **Marion**
 (b) City or town **Philadelphia Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME **ENOCH ALLEN PEPPER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **SUSAN B PEPPER** 6. (c) Age of husband or wife if alive **dead** years **26** 19**60**

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years Months Days If less than one day
85 **8** **16** _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Samuel Pepper**

13. Birthplace **Warren Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Malinda Sullett**

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

16. (a) Informant **Ora S Wood**

(b) Address **Monroe City Mo. R# 4**

17. (a) **BURIAL** (b) Date thereof **5-14-1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Andrew Chapel**

18. (a) Signature of funeral director **Ben M. Allen**

(b) Address **Philadelphia Missouri**

19. (a) **5-14-46** (Date received local registrar) (b) **Louise Boone** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **12** year **1946** hour **7** minute **0** P.-M.

21. I hereby certify that I attended the deceased from **7-30** 19**46** to **5-12** 19**46**. that I last saw him alive on **5-12** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy** Duration **3 days**

Due to **Arteriosclerosis**

Due to **Senility**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **§30**

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 **Q**

23. Signature **C. E. Shivers** (M. D. or other) **DO**
 Address **Philadelphia Mo** Date signed **5/12/46**

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.