

FILED JUN 20 1946

Registration District No. **199** Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether
 In this community **5 years**
years, months or days)

3. (a) PRINT FULL NAME **Judy Jane Peppers**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **None**
 6. (c) Age of husband or wife if alive **None** years
 7. Birth date of deceased **October 4, 1940**
(Month) (Day) (Year)

8. AGE: Years **5** Months **7** Days **27**
 If less than one day **hr. min.**

9. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None Child**

MOTHER FATHER
 11. Industry or business
 12. Name **Charles E. Peppers**
 13. Birthplace **St. Joseph Mo.**
 14. Maiden name **Margot Jane Smith**
 15. Birthplace **New Port Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Chas. E. Peppers**
 (b) Address **2948 Lockridge, K.C. Mo.**

17. (a) Burial: **Burial** (b) Date thereof **6-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary, Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
 (b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **6-1-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2948 Lockridge**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1st**
 year **1946** hour **11** minute **05** A.M.
 21. I hereby certify that I attended the deceased from **4 P.M.**
5/31, 19**46**, to **6-1**, 19**46**;
 that I last saw her alive on **6-1**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Toxemia & Shock
 Duration **10 hrs.**
 Due to **1st & 2nd degree burns -**
(involving approx. 40% of body) **20 hours**
 Due to **(clothing on fire) from a trash fire**
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations **18/15**
 Of autopsy _____
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) **accident / Q?**
 (b) Date of occurrence **5-31-46**
 (c) Where did injury occur? **K.C. Jackson, Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
 While at work? **no** (Specify type of place)
 (e) Means of injury **burns**

23. Signature **George V. Herrman** (M. D. or other)
 Address **4301 Main K.C. Mo.** Date signed **6/1/46**

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

1946

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

Glenn E. Heck

Licensed Embalmer No. *4063*

P. O. Address. *Kansas 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.