

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED AUG 2 1946

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community 51 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 718 No. 22nd St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs Viola Elizabeth Pepper

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 Widowed

6. (b) Name of husband or wife George W. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1, 1857
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>88</u> | <u>11</u> | <u>26</u> | hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER

12. Name Ambrose M Dunham

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

14. Maiden name Not Known Noland
 (City, town, or county) (State or foreign country)

15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Hageman
 (b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46
 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.
Fleeman & Son Inc.

18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address St Joseph, Mo.

19. (a) July 31, 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27 year 1946 hour 8 minute A M.
 21. I hereby certify that I attended the deceased from June 1, 1946 to July 27, 1946
 that I last saw her alive on July 26, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 hrs.
Chronic left ventricular hypertrophy 5 yrs
Chronic myocarditis 5 yrs.

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.

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 [Signature] (M. D. or other) _____
 Address [Signature] Date signed 7/27/46

AUG 23 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~~.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Robert H. Goble

Licensed Embalmer No.

5308

P. O. Address.....

St. Joseph, 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.