

S. No. 2
M-5-43
7-5-17-39

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37797
State File No. 37797

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles
(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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles
(If outside city or town limits, write "RURAL") 1

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Gail Louis Lepley

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th
year 1946 hour 9 minute 10 P.M.

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 9 years 46

7. Birth date of deceased Nov. (Month) 9 (Day) 46 (Year)

21. I hereby certify that I attended the deceased from Nov 8 1946 to Nov 9 1946 that I last saw him alive on Nov 9 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0	0	0	11 hr. 30 min.
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Immediate cause of death Pneumonia
cause unknown

Duration 11 hrs 30 min

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

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business None

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 159

Of autopsy

MOTHER FATHER

12. Name Louis Lepley

13. Birthplace Ringgold Co. Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Lois Clowser

15. Birthplace Lucis Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Lepley

(b) Address Versailles, Missouri

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 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Cemetery

18. (a) Signature of funeral director A. J. Guam

(b) Address Versailles, Missouri

19. (a) 11-13-46 (Date received local registrar) (b) A. J. Guam (Registrar's signature)

23. Signature A. J. Guam (M. D. or other) Address Versailles MO Date signed 11-10-46

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

Date Filed 11-19-76
District of Columbia
10-26-76

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 *[Handwritten Signature]*

Licensed Embalmer No. 1596

P. O. Address *[Handwritten 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.