FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4644

Registration District No. 137 — Primary Registration District No. 35218 — Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Henry
(b) City or town: Windsor (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 14 weeks (Specify whether
In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42
(c) City or town: Windsor (If outside city or town limits, write "RURAL") 2
(d) Street No.: 600 East Colorado (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Joseph Mackey Pepper
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Augusta Stark Pepper
6. (c) Age of husband or wife if alive: 90 years
7. Birth date of deceased: October (Month) 30 (Day) 1855 (Year)

8. AGE: Years 92 | Months 3 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace: Clarksburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming - retired
11. Industry or business:

FATHER
12. Name: Joseph S. Pepper
13. Birthplace: unknown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Audra Mackey
15. Birthplace: unknown (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Miss Mattie Pepper
(b) Address: Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri
18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Mo.
19. (a) 2-17-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature) 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1948 hour 4 minute 45 p M.

21. I hereby certify that I attended the deceased from Nov. 11, 1947 to Feb. 14, 1948;
that I last saw him alive on Feb. 14, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Heart disease and Enlarged prostate	5 yrs.
Due to: Confinement for 3 months due to fractured femur	3 months
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No position
Of autopsy: No autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Fractured femur
(b) Date of occurrence: Nov. 11, 1947
(c) Where did injury occur? in home (City or town) (County) (State) 42
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place) 0
While at work? no (e) Means of injury:

23. Signature: T. A. Blackmore (M. D. or other) M.D.
Address: Windsor, Mo. Date signed: 2-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 1-43-98
Date Filed 1-24-98

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 William M. Turner, Registered Apprentice No. 470, working under my personal supervision.

Signed Elwood Huston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.