

No. 2
1-5-43
5-17-39
I X36671

State File No.

FILED MAR 4 1948

Registration District No. 190

Primary Registration District No. 3024

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Harrisburg
(If outside city or town limits, write "RURAL")
Route 1
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY PEPPER

3. (b) If veteran, name war None 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lois Fern Spry Pepper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 16 - 1906
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer and Electrician

11. Industry or business _____

12. Name Walter William Pepper

13. Birthplace Clark County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Millie May Worrell

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

16. (a) Informant Mrs. William Henry Pepper

(b) Address Route 1, Harrisburg, Mo.

17. (a) Burial (b) Date thereof 2-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel

18. (a) Signature of funeral director Carver Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 27-1948 (b) Dorothy Fern Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1948 hour 11 minute 31 P. M.

I hereby certify that I attended the deceased from Jan 25 to Feb 2 1948
that I last saw him alive on Feb 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Bilateral Hydrocephalus

Other conditions Cardio Vascular Renal Disease

Major findings: Of operations _____
Of autopsy 131A

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Blain (M. D. or other) W.D.
Address Fayette Mo. Date signed 2-3-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-2-48

APR 11 1951

MAR 5 1948

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

M. N. Whitfield

Licensed Embalmer No.

3893

P. O. Address

Calumet 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.