S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

40194

State File No.

Registrar's No. 5082

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

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 Hosp. U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hours (Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Jackson (b) County Mo. 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5729 Forest U
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Peter Jepson

3. (b) If veteran, name war W W # 1

3. (c) Social Security No. 495-03-7867

4. Sex M U

5. Color or race W

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

6. (b) Name of husband or wife Orral Jepson

6. (c) Age of husband or wife if alive ~~unknown~~ 51 years

7. Birth date of deceased 12 (Month) 9 (Day) ~~1861~~ 1867 (Year)

8. AGE: Years 61 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

10. Usual occupation Insp. Nat'l Surety Co. 1

11. Industry or business

FATHER
12. Name Jeppe Jepson
13. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

MOTHER
14. Maiden name Louise Nelson
15. Birthplace (City, town, or county) Denmark U (State or foreign country)

16. (a) Informant Mrs. Orral Jepson

(b) Address 5729 Forest

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Quindaro, K. C. Kans.

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 Gillham Plaza K.C., MO.

19. (a) 12-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1948 hour 6 minute 20 P M.

21. I hereby certify that I attended the deceased from 12 9, 1948 to 12-10, 1948 that I last saw him alive on 12-10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0 32	
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?

F. A. Carmichael Jr. (Specify type of place)

While at work? (e) Means of injury

23. Signature F. A. Carmichael Jr. (M. D. or other) MD

Address 320 W 47th St Date signed 13 Dec

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1949

Dr. Carmichael
320 W-11
Moon

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.