S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42330
State File No.

FILED JAN 11 1946

Registration District No. 3 16 Primary Registration District No. 3059 Registrar's No. 252

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 N. Division
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME ORA GENEVA PEPPERS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence Peppers
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec (Month) 17 (Day) 1889 (Year)
8. AGE: Years 56 Months 11 Days 22 If less than one day hr. min.
9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER / FATHER
12. Name William Spradley
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ellen Ringer
15. Birthplace Bonne Terre Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Clarence Peppers
(b) Address R. 2 Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery
18. (a) Signature of funeral director Benham Mortuary
(b) Address 313 Benham Bonne Terre Mo
19. (a) Dec. 13 1945 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1945 hour 7 minute 50 P. M.
21. I hereby certify that I attended the deceased from October 1st 1945, to Dec 9, 1945; that I last saw h. alive on Dec 9 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to: Carcinoma of Left Breast	1 year
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 Charles E. Sutton (M. D. or other)
Address 11 Allen St Bonne Terre Date signed Dec 11 1945

1397 (Licensed Embalmer's Statement on Reverse Side)

...IVED

... Health Officer No. 4

... Number 146-1574

1-9-46

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.