

Dr Taylor

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4467

1. PLACE OF DEATH

County Cole
Township Liberty
City (No.)

Registration District No. 213
Primary Registration District No. 2044
2895

File No.
Registered No. 33
St. Ward)

2. FULL NAME

Charles Jeppenfeld

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 1 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). 11
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Loose Creek Mo

10. NAME OF FATHER Francis Jeppenfeld

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna W. Haring

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Frank Jeppenfeld
Casey City Mo

15. FILED 3/3 1930 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1930

17. I HEREBY CERTIFY That I attended deceased from Oct 10 to Feb 15 1930 that I last saw him alive on Feb 12 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
94
94
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? m DATE OF

WAS THERE AN AUTOPSY? m

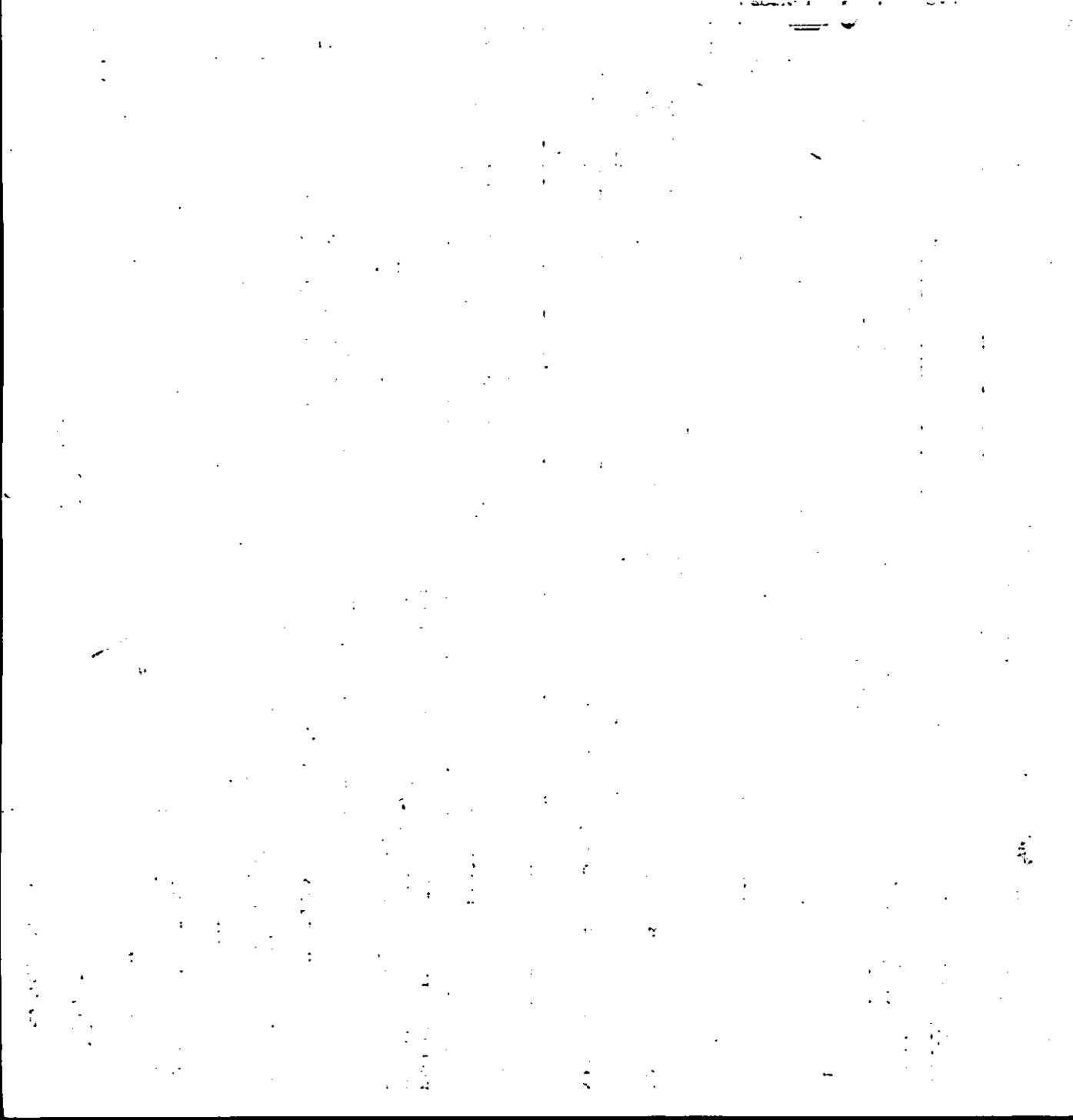
WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) Dr Taylor M. D.

2/18. 1930 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL River View Cem. DATE OF BURIAL 2-16 1930

20. UNDERTAKER WYNORE-GORDON UNDERTAKING CO. ADDRESS JE MO



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Cole
Township Liberty
City (No.)

Registration District No. 215-
Primary Registration District No. 3295-

File No.
Registered No. 23
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 - 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter (duration) 2 yrs. 1 mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boose Creek Mo

10. NAME OF FATHER Francis Jepsenfeld

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Ellen Whaling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Frank Jepsenfeld
Osage City Mo

15. FILED 4-8/30 L. J. Cruise REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15-1930

17. I HEREBY CERTIFY That I attended deceased from Oct 10 to Feb 13, 1930
that I last saw him alive on Feb 14, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
CONTRIBUTORY (SECONDARY) Angina Pectoris (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) D. J. Taylor, M. D.
2/18, 1930 (Address) Jepsen City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) River View Cem. DATE OF BURIAL 2/16 1930

20. UNDERTAKER (Address) Wymore Gordon and Co J. C. Mo

PARENTS

SUPPLEMENTARY

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