Nov 20 1937

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

Do not use this space.

40232

File No. 3546

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo. (No. General Hospital. St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Lee E. EPPINGER.
(a) Residence, No. 1501 Admiral Bldv. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Franc C. Eppinger.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1884.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
53	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rental Agent.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Julies Eppinger Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Kansas.

MOTHER
15. MAIDEN NAME Susan Carington.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs. Franc C. Eppinger. 1501 Admiral Bldv.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holton Kansas DATE 11/ 4/37 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED Nov 12 1937 M. M Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-37 .19

22. I HEREBY CERTIFY, That I attended deceased from ...19... to ...19...
I last saw h... alive on ...19... Death is said to have occurred on the date stated above, at 1.05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Fracture	
Sub Paul Hemorrhage	
Pedestrian	

Other contributory causes of importance: 210 m

Name of operation ... Date of ...
What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-3-37, 19...
Where did injury occur? Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public
Manner of injury Automobile Fracture
Nature of injury Fract. Leg Subpaul Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Russell W Brown M. D.
(Address) Holton Kans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.