

REC'D OCT 26 1938

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33419
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler 1 Registration District No. 805
 (b) Township Glenwood Primary Registration District No. 6049 Registered No. 43
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 34 yrs. 6 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Guy Elford Epperson 11.5
 (a) Residence, No. Glenwood mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 7 1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 6 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. theater camp
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) aug 13 1938 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co mo
 FATHER 13. NAME Tilenus Epperson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co mo
 MOTHER 15. MAIDEN NAME Mary Jumper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co mo
 17. INFORMANT (ADDRESS) Mrs. Cleo Tadlock Lancaster mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Glenwood mo DATE Sept. 18 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Moreheads Lancaster mo
 20. FILED 849 23 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1938 to Sept 16 1938
 I last saw him alive on Sept 16 1938; Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Compression fracture of the neck Date of onset Aug 14
accidental fall
 Other contributory causes of importance: Paralysis due to injury
 Name of operation..... Date of.....
 What test confirmed diagnosis? X-ray Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Aug 14 1938
 Where did injury occur? Schuyler Co mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Was walking the upper beam of a cat
 Nature of injury lost his balance and fell 30 feet. Fracture neck fell 30 feet.
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) D. P. Lyon M. D.
 (Address) Queen City mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state amount of care given supplied.

RECEIVED

District Health Officer No. 10

District File Number 10-38-375

Date Filed 10-7-39

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,

True & Minnie Morehead

or by

Registered Apprentice No., working under my personal supervision.

Signed True & Minnie Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster, 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, above space should be left blank.

S-33419