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.

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

REC'D AUG 7 1939

24734
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson, 1 Registration District No. 399
(b) Township Kaw, 2 Primary Registration District No. 100 Registered No. 2947
(c) City Kansas City, Mo. (d) Street No. Menorah Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 152 Emmet Epping,
(a) Residence, No. Alexandria, La. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Berlyn Epping,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 19 1910
7. AGE: YEARS 28 MONTHS 8 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr. Montgomery-Wards
9. Industry or business in which work was done, as 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): Missouri, 0

FATHER
13. NAME: Frank Epping, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois, 0

MOTHER
15. MAIDEN NAME: Letitia Scott,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Mrs. Coy Reedy, Moberly, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo. DATE Monday A.M. St. John's Ch. Moberly, Mo.
19. FUNERAL DIRECTOR (ADDRESS): Stine & McClure, 3235 Gillham Plaza, K. C., Mo.
20. FILED July 21, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1939, to 7-21, 1939.
I last saw him alive on 7-20, 1939. Death is said to have occurred on the date stated above, at 4:12a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

General Septicemia
1330

Other contributory causes of importance:
R. Pyelonephritis (Not calculus)

Name of operation Vasotomy Date of 7-13-39
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) 505 Professional Bldg

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. K. Smith,
PROFF. BLDG
2 & 4

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)