

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

3110-10-1 X 16603

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.

1939 DEC 13

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

38983
Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 71
 (b) Township Cedar Primary Registration District No. 5710A Registered No. 33
 (c) City _____ (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rachel Ann Epperson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Epperson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1871
 7. AGE YEARS 68 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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 _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0
 13. NAME Walter Little 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
 15. MAIDEN NAME Rebecca Little
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Guthrie Epperson
 (ADDRESS) Ashtland Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Johnson Court DATE Oct 30 1939

19. FUNERAL DIRECTOR (NAME) Walter Burnett
 (ADDRESS) Ashtland Mo

20. FILED Dec 6 1939 Frances Nichols
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 3 - 1939, to Oct 28 1939
 I last saw her alive on Sept 1 - 1939. Death is said to have occurred on the date stated above, at 5:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Pernicious Anemia
 Date of onset 7/12

Other contributory causes of importance: none

Name of operation none Date of _____
 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) F. G. Suggs M. D.
 (Address) California

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.....

Licensed Embalmer No.....

P. O. Address.....

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.