

10334

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 76

FILED APR 12 1940

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 HARPER ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ANSON L. EPLEY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24th
year 1940 hour 7⁴⁵ minute A. M.
21. I hereby certify that I attended the deceased from Oct 24, 1937, to March 24, 1940.
that I last saw him alive on March 15, 1940.
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PERLA EPLEY
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 2 1866
(Month) (Day) (Year)

Immediate cause of death _____
myocarditis, chronic with acute dilatation of heart
Duration Oct. 1937
March 1940

8. AGE: Years Months Days If less than one day
74 - 22 hr. min.

Due to _____
Due to _____

9. Birthplace Davis Ill
(City, town, or county) (State or foreign country)

Other conditions Endocarditis, chr.
(Include pregnancy within 3 months of death) Oct. 1937

10. Usual occupation Retired Barber
11. Industry or business _____
12. Name James Epley Pa
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Satter
15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Perla Epley
(b) Address 1013 Harper St Poplar Bluff Mo
17. (a) Burial (b) Date thereof Mar 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar St Mo
18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 3/27/40 (b) Chausinger
(Date received from registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard while milking cow.
While at work? yes (Specify type of place) (e) Means of injury _____
23. Signature Heater Barwell (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 3/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 1 1935

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.

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.