

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

28241

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton ² Registration District No. 176
 (b) ~~Township~~ Cunningham Primary Registration District No. 4105
 (c) City Sumner (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 2 yrs. 9 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 6

2. PRINT FULL NAME 162 Gerald Lee Epperson

(a) Residence, No. Sumner, Missouri 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 (Or in the words of the decedent) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No. 1. Security No. XXXXXXXXXXXXXXXX
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 9 8

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. XXXXXXXXXX
 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) Sumner, Mo.

FATHER 13. NAME Orval Epperson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuttle, Oklahoma

MOTHER 15. MAIDEN NAME Ethel Bloss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Missouri

17. INFORMANT (ADDRESS) Orval Epperson, Sumner, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lakeside Cemetery August 3, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Cooper 835 Sumner, Missouri

20. FILED ing 3 19 40 Paul Stevens Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1940 to Aug 2, 1940
 I last saw him alive on Aug 2, 1940 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Crushed Skull
210 MV
truck
 Other contributory causes of importance:
man over by auto truck

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, ~~suicide~~, or homicide? _____ Date of injury Aug 2, 1940
 Where did injury occur Sumner, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury man over by truck
 Nature of injury accident

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) J. H. Shaker's M. D.
 (Address) Sumner, Mo.
Coroner Chouton

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

Date Filed 9-5-40
District File Number
District No. 8
RECEIVED

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, Howard

A. Cooper, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address Sumner, 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: