

No. 2
-13-40
-17-39
K X23159

Registration District No. 399 Primary Registration District No. 1002

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: 3200 Norledge,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 40 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Norledge,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Mrs. Belle Epperly,
3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 1st,
year 1940, hour 8:00 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Louis Epperly, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased September 4 1855,
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1
1940 1940 to Nov 1 1940
that I last saw her alive on Oct 31 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 1 27 hr. min.

Immediate cause of death
Carcinoma
of Stomach
with metastases
Duration

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

10. Usual occupation at home,

11. Industry or business x

12. Name Unknown,

13. Birthplace Unknown, (City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Trudell,

(b) Address 2744 Gillham Road, K.C., Mo.

17. (a) Burial, (b) Date thereof 11-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClura,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-2-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 4/6
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. Plameyann (M. D. or other) _____
Address 3200 Norledge Date signed 11-7-40

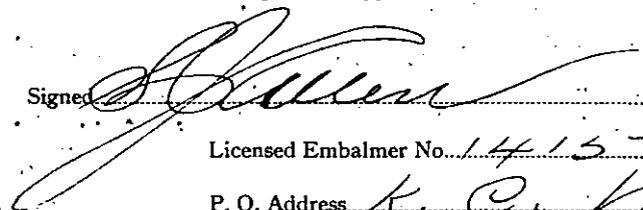
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 1415-

P. O. Address K. C. 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, fact should be so stated above.