

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days 1

3. (a) PRINT FULL NAME Samuel M. Eppard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Eppard 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 11 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Contracting

12. Name Wesley Eppard

13. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Breeden

15. Birthplace Rockingham Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Eppard

(b) Address Anderson, Missouri

17. (a) Burial (b) Date thereof Dec. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Missouri

18. (a) Signature of funeral director John F. H., M. D. Snow

(b) Address Anderson, Mo. 372

19. (a) 11-30-40 (b) Ed B. Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Anderson
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th
year 1940 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 27, 1940, to Nov 28, 1940
that I last saw him alive on Nov 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertatic Pneumonia Duration 24 hrs.

Due to sh. Myocarditis
sh. nephritis

Due to Senility - 121

Other conditions _____
(Include pregnancy within 3 months of death)

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 a public place, on a farm, in industrial place, in public place?
St. Johns Hosp

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Joplin Mo Date signed 11-30-40

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

9
7
5

FILED DEC 10 1940

40-12-631

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 M. W. Snow
Licensed Embalmer No. 4034
P. O. Address Anderson, 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.