. S. No. 2
(—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41542

FILED JAN 8 1941 399

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4935

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits write "RURAL")
(d) Street No. 1614 New Jersey Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Thomas Eppler
3. (b) If veteran, name war No.
3. (c) Social Security No. 714-05-7187
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Candace I. Eppler
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February 22, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	10	3	hr. min.

9. Birthplace Fort Smith (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Railway Express, Mo. Pacific
11. Industry or business Railroad.
FATHER
12. Name Robert M. Eppler
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hunter
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant William T. Wpplwr, Jr.
(b) Address 1614 New Jersey, K.C. Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, K.C.K.
18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas
19. (a) 12-27-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1940 hour 12:05 P. Minute _____ M.
21. I hereby certify that I attended the deceased from July 7, 1937, 19__, to Dec. 25, 1940 that I last saw h_____ alive on 12-25-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis with myocardial infarction.	1 da
Due to Coronary Sclerosis	6 mo
Due to Diabetes Mellitus	3 yrs.
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 or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. A. Roy (M. D. or other) M.D.
Address 1002 Argyle Bldg. Date signed 12/27

(Licensed Embalmer's Statement on Reverse Side)

mc

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N 10st KC Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.