

FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13873

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 710 Stewart Rd. 4  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LYNA B. Epple

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9 year 1941 hour 3:05 minute \_\_\_\_\_ P. M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 8 2 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 24 1941 to April 7 1941 that I last saw her alive on March 16 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of breast with generalized metastases

Duration 2 1/2 yrs

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

10. Usual occupation Retired

Due to \_\_\_\_\_

Due to SD

Other conditions SD  
(Include pregnancy within 8 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frankman

13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A. H. Senter

(b) Address 710 Stewart Rd.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-9-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellevue, Minn.

18. (a) Signature of funeral director Parkers

(b) Address Columbia, Mo.

19. (a) 4/9/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

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? \_\_\_\_\_

74 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. D. Benke (M. D. or other) MD

Address Columbia Date signed 4/8/41

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

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**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. V. McElreath*

Licensed Embalmer No. *3893*

P. O. Address *Calhoun 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.**