. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32567

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1963

1. PLACE OF DEATH:

(a) County St Louis

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Chester field 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John W. Epperly

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 M 1

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1864 (Year)

8. AGE: Years 76 Months 9 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Geo W. Epperly
13. Birthplace ..... (City, town, or county) O Mo (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) O (State or foreign country)

16. (a) Informant Albert Epperly
(b) Address Columbia Mo.

17. (a) ~~Burial~~ (~~Burial, cremation~~ or removal) (b) Date thereof Sept 24 (Month) 41 (Day) (Year)
(c) Place: burial or cremation Union Cemetery Randolph Co Mo

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly, Mo.

19. (a) SEP 22 1941 (Date received local registrar) (b) C. G. McGavron M.D. (Registrar's signature) A.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1941 hour 7:20 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an auto while driving a truck across a public highway.

Due to Right jugular vein cut in half; left lung punctured; 1st

Due to & 2nd ribs broken r. side; lacerations of face & scalp.

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

Major findings:
Of operations .....
Of autopsy Yes

Duration

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) Accident

(b) Date of occurrence Sept. 20, 1941 096

(c) Where did injury occur? #61 ¼ M W of Clarkson (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 9/22/41 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1956

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood

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

If this body is not embalmed, fact should be so stated above.