V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10770

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 232

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural N Campbell Twp (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 Weeks 2 (Specify whether

In this community 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Greene 039

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

(d) Street No. II07 E Pine (If rural, give location)

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

If yes, name country None 0

3. (a) PRINT FULL NAME Marria E Epperson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F m 1

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Mar. (Month) 2I (Day) I87I (Year)

8. AGE: Years 7I Months 0 Days 2 If less than one day hr. min.

9. Birthplace ~~Freemption~~ Freemption (City, town, or county) ILL 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Richard Clay
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Mrs Roy Epperson

(b) Address II07 E Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 23 42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield Mo

19. (a) 3-23.42 (Date received local registrar) (b) Dr W Handley (Registrar's signature) 6871

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 23 year I942 hour 8. minute 30.A M.

21. I hereby certify that I attended the deceased from March 16, 1942, to March 23, 1942, that I last saw her alive on March 22, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 James R Amos (M. D. ~~or other~~)

Address Springfield, Mo. Date signed 3-27-42

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield 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.