S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

Registration District No. 8 [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12299

Primary Registration District No. 6162

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town ~~Nevada~~ Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 2 months 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 7611 Warnall Road
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUELLA - STEACH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Hiram Steach

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

7. Birth date of deceased Sept (Month) 7 (Day) 1871 (Year)

8. AGE: Years 70 Months 6 Days 13 If less than one day — hr. — min.

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

10. Usual occupation housewife

11. Industry or business none

FATHER
12. Name Steward Epperson
13. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Susan Talbert
15. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Deepwood Cemetery

18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Missouri

19. (a) 3/28/42 (Date received local registrar) (b) Gentry Stemmons By VB (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1942 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 20, 1942 to March 26, 1942 that I last saw her alive on March 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to Arteriosclerotic Heart Disease

Other conditions Arteriosclerosis general
(Include pregnancy within 3 months of death)
Senile Dementia

Major findings:
Of operations none
Of autopsy none

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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) No.
(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 Paul L. Barone (M. D. ~~or other~~) M. D.
Address State Hosp No 3 Date signed March 26, 1942

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

APR 20 1942

RECEIVED
District Health Officer No. 7
District File Number 4-42-422
Date Filed 4-14-42

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.