

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1942
Registration District No. 282

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21089
Registrar's No. 21

Primary Registration District No. 5401

Dr. Walsley - completed 6/30/42
WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Gibson Union Twp
(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 _____ (Specify whether)
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Gibson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Eppichimer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23 year 1942 hour 10 minute 50 P. M.
21. I hereby certify that I attended the deceased from June 22nd 1942 to _____ 19____ to _____ 19____
that I last saw him alive June 22nd and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Lizzie Eppichimer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 15 1871 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 9 & a

8. AGE: Years 70 Months 9 Days 8 . If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business _____

MOTHER, FATHER { 12. Name Henry Eppichimer
13. Birthplace Lancaster Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Lucille Westbrook
15. Birthplace Illinois (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lizzie Eppichimer
(b) Address Malden, Missouri

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Walter Jennings

(b) Address Malden, Missouri

19. (a) 6-27-42 (Date received local registrar) (b) Mrs. L. A. Oliver (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wallace Belsley (M. D. or other) MD
Address Campbell, Mo. Date signed 6/27/42

1150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 742-886

Date Filed JUL 13 1942

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

Howe J. Johnson

Licensed Embalmer No.

4570

P. O. Address

W. D. D. Co.

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.