

Registration District No. 172

Primary Registration District No. 5641

State File No. _____
Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Dover Hosp
(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 Missouri (b) County Lafayette

(c) City or town Rural
(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 John Boyd EPPES

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 Widowed

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

7. Birth date of deceased Lawrence Oct. 12, 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Lawrence South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Eppes

{ 13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

{ 14. Maiden name Arthella Boyd

{ 15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leon H. Lewis

(b) Address Dover, Mo

17. (a) Burial (b) Date thereof 7/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover Mo

18. (a) Signature of funeral director W. W. ...

(b) Address Lafayette Mo

19. (a) 7/7/42 (b) Dr. W. A. Braecklein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1942 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from the car
July 3 to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to Chronic Interstitial Nephritis

Due to Chronic Nephritis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 131a

Of operations _____

Of autopsy _____

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) _____

(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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. W. ... (M. D. or other) MD
Address Dover Mo Date signed 7/7/42

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

54
8
0

1189

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-12-42

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Springton 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.