No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25623

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County: Wright

(b) City or town: Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Iowa (b) County: 99
(c) City or town: Ottumwa (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: Ora Belle Epperly

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: John Epperly

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

7. Birth date of deceased: May (Month) 16 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	16	..... hr. ..... min.

9. Birthplace: (City, town, or county) ..... Illinois (State or foreign country)

10. Usual occupation: None

11. Industry or business .....

FATHER
12. Name: James Monroe Russell
13. Birthplace: (City, town, or county) ..... Ohio (State or foreign country)

MOTHER
14. Maiden name: Rose Coburn
15. Birthplace: (City, town, or county) ..... Illinois (State or foreign country)

16. (a) Informant: Mrs Henry Donnelly
(b) Address: Mountain Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 16-194 (Month) (Day) (Year)
(c) Place: burial or cremation: Ottumwa Iowa

18. (a) Signature of funeral director: [illegible]
(b) Address: Mountain Grove Mo

19. (a) 8/8/42 (Date received by local registrar) (b) Ruby H Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 12 1942 to March 12 1942 that I last saw her alive on March 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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: R. A. Ryan (M. D. or other)
Address: Mtn Grove Date signed 7/14-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1076
Date Filed AUG 11 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 George Stapp
Licensed Embalmer No. 7161
P. O. Address Mt. Grove 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.