DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29940

State File No.

Registration District No. 47 Primary Registration District No. 3168 Registrar's No. 255

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: Village 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14

(a) State Missouri (b) County Calloway

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

(d) Street No. Village
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Lee Epperson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 8 (Day) 1881 (Year)

8. AGE: Years 60 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation School teacher

11. Industry or business

FATHER
12. Name Virgil W Epperson
13. Birthplace Wk (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Susie Craig
15. Birthplace Calloway Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jas Epperson
(b) Address McCredie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Richland Baptist Cem

18. (a) Signature of funeral director Leo G Wallace
(b) Address Fulton, Missouri

19. (a) 8-12-42 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 8/11, 1942, to 8/11, 1942
that I last saw her alive on 8/11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain tumor	±6 mos.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Henry Durst (M. D. or other) M.D.
Address Fulton, Mo. Date signed 8/11/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
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STANDARD CERTIFICATE OF DEATH

State File No. 29940

Registration District No. 47 Primary Registration District No. 5168 Registrar's No. 2 J 5

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town McCredie
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Lee Epperson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 60 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor / metastatic Carcinoma right frontal Lobe

Due to Adenoma Carcinoma of Thyroid

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55c

Of autopsy

Duration ± 6 Mon

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY