

S. No. 1
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7-5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41290

State File No. _____

JAN 14 1943

Registration District No. 269

Primary Registration District No. 3043

Registrar's No. 288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
64
3
4

1. PLACE OF DEATH:

(a) County MARION

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

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

(d) Length of stay: In hospital or institution 1 Hour
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MARION

(c) City or town NEW LONDON, Mo. RR #3
(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 CHARLES DONALD EPPERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th
year 1942 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

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 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JULY 14 1942
(Month) (Day) (Year)

Immediate cause of death apparently Congenital Cardiac

Duration _____

Due to was brought to town for minor ailment was dead on arrival

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

8. AGE: Years Months Days If less than one day

4 5 _____ hr. _____ min.

9. Birthplace HANNIBAL Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER { 12. Name HAROLD EPPERSON

13. Birthplace Roth Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name ANN MARIE STAPLEY

15. Birthplace Roth Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MR. HAROLD EPPERSON

(b) Address NEW LONDON, RR #3

17. (a) BURIAL (b) Date thereof Nov 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARTLEY CEM. NEW LONDON

18. (a) Signature of funeral director James O'Connell

(b) Address Adm. Rm. R.H. Connor

19. (a) 11-23-42 (b) R.H. Connor
(Date received local registrar) (Registrar's signature)

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 J. H. A. Deery (M. D. or other) _____

Address Hannibal Date signed 11-24-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.