S. No. 2
DM—5-42
v 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8464

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2960

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(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: 999
(a) State Arkansas (b) County Bradley
(c) City or town Warren NR
(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 2

3. (a) PRINT FULL NAME Gilbert N. Kephart
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Kephart
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February (Month) 26, (Day) 1878 (Year)

8. AGE: Years 65 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Oceola Mills (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Station Agent
11. Industry or business Missouri Pacific R.R.
MOTHER FATHER
12. Name Adam Kephart
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name Anna Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Della Kephart
(b) Address Warren, Arkansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Warren Arkansas
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.
19. (a) MAR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27 year 43 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from 3-24 1943 to 3-27 1943 that I last saw him alive on 3-27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure — Duration
Due to Chronic myocarditis
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 H. Atherton (M. D. or other) MD
Address Missouri Pacific Hosp Date signed 3-27-43

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1943

2980

2980

APR 28 1943

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 Albert E. Lopez

Licensed Embalmer No. 2971

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.