

S. No. 2
OM-2-43
rv. 5-17-39
-1 X33592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20347**
Registrar's No. **2907**

Registration District No. **49**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 8 Hours
(Specify whether years, months or days)

In this community 17 Years

3. (a) PRINT FULL NAME Richard Eugene Epley

3. (b) If veteran, name war No

3. (c) Social Security No. 488-22-0007

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 21, 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>7</u>	<u>7</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student and Laborer

11. Industry or business William Volker

12. Name Richard W. Epley

13. Birthplace Adrian, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Hudson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. Epley

(b) Address 6015 St. John

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 7-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director C. H. Blackman

(b) Address Kansas City, Mo.

19. (a) 6-30-43 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1524 Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 7 minute - P. M.

21. I hereby certify that I attended the deceased from 4/1/43 to 7/1/43
that I last saw him alive on 7/1/43 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myelogenous Leukemia

Due to: 74a

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration 3 months

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 J. V. Bell (M. D.)

Address 1137 Poplar Date signed June 29

Dr. Bess
Prof. Bess

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 *Bess*

Licensed Embalmer No. *2247*

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.