V. S. No. 2
50M—5-42
Rev. 5-17-39
I X-2872

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21945

Registration District No. 289 Primary Registration District No. 3043 Registrar's No. 137

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: 1401 Walnut 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MORION 64 3 4

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

(d) Street No. 1401 Walnut
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Epperson

3. (b) If veteran, name war ..... 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 Sarah 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. (Month) 10 (Day) 1863 (Year)

8. AGE: Years 80 Months 7 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Samuel Epperson
13. Birthplace ..... (City, town, or county) Denmark 4 (State or foreign country)

MOTHER
14. Maiden name Mary Divers
15. Birthplace ..... (City, town, or county) Penna. 1 (State or foreign country)

16. (a) Informant Sarah Epperson
(b) Address 1401 Walnut Hannibal MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cem.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 5-11-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1943 hour ..... minute 12 P M.

21. I hereby certify that I attended the deceased from April 30, 1943, to May 4, 1943 that I last saw him alive on May 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 days

Due to arteriosclerosis

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 830

Major findings:
Of operations .....
Of autopsy .....

Duration

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 C E Salyer (M. D. or other) MD
Address Hannibal Mo Date signed 5/10/43

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.