

Registration District No. 70

Primary Registration District No. 4125

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Revere
(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 Missouri (b) County Clark
(c) City or town Revere
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE WALTER EPPERHART

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 1

6. (b) Name of husband or wife Mrs. B. EPPERHART 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased DECEMBER 20 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Beakville Mo. Clark Co. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Undertaker

11. Industry or business Furniture Dealer & Undertaker

12. Name James W. Epperhart

13. Birthplace Bowen Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mestifer

15. Birthplace Jennings Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Epperhart

(b) Address Revere Mo

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

(c) Place: burial or cremation Revere Mo

18. (a) Signature of funeral director H. H. Lynch

(b) Address Wayland Mo

19. (a) 6-20-43 (b) Phyllis S. Boston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 3 minute 19 M.

21. I hereby certify that I attended the deceased from June 10 1943 to June 19 1943 that I last saw him alive on June 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 131R

Of autopsy

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) Means of injury

23. Signature J. L. McNeil (M. D. or other)

Address Revere Mo Date signed 20-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-43-1252

Date Filed AUG 5 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.....

H. H. Kitch

Licensed Embalmer No. 2611

P. O. Address Wayland

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.