

FILED SEP 13 1943 156

Registration District No. 156 Primary Registration District No. 2001

Registrar's No. 497

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 906 Main St. none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)

In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 906 Main street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Edward Epperson.

3. (b) If veteran, name war \*\*

3. (c) Social Security No. \*\*

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec 25th 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>8</u>	hr. _____ min.

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Mining

11. Industry or business same

MOTHER FATHER { 12. Name Epperson

{ 13. Birthplace no record 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name no record

{ 15. Birthplace no record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Epperson

(b) Address 1817 Mo. ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hublbut Und. Co;

(b) Address Joplin Mo;

19. (a) 9-2-43 (Date received local registrar)

(b) Arthur D. Dusholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30  
year 1943 hour 8:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him did not see him alive \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart failure

Due to \_\_\_\_\_

Due to Hot weather

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 932

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. H. Webster (M. D. or other)

Carthage Mo Date signed 9-2-43

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

FILED  
49  
52

43-8-768

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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.....

*Body not Embalmed*, Registered Apprentice No. ....  
working under my personal supervision. *Body decomposed*

Signed *Henry K. Hurlbert*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.**