

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **6053**  
 Registrar's No. **561**

FILED FEB 18 1949  
 Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1929 Prospect**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **42** (Specify whether years, months or days)  
 In this community **42** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ida Mae Epps**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

4. Sex **Fe**  
 5. Color or race **Col**  
 6. (a) Single, ~~widowed~~, **widowed**  
 2 divorced  
 6. (b) Name of husband or wife **William Epps**  
 6. (c) Age of husband or wife if alive **18** years  
 7. Birth date of deceased **Dec. 18 1880**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **13**  
 If less than one day **hr. min.**

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER  
 12. Name **Unknown**  
 13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harrison Mallory**  
 (b) Address **1209 E. 16th**

17. (e) **burial** (b) Date thereof **2/4/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **Hathens Bros.**  
 (b) Address **1729 Lydia**

19. (a) **2-3-1944** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **7**  
(If outside city or town limits, write "RURAL") **0**  
 (d) Street No. **1929 Prospect**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan.** day **31st**  
 year **1944** hour **11:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 30th**  
 1944, to **Jan 31**, 1944  
 that I last saw her alive on **Jan 31**, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart attack** Duration

Due to **Pneumonia - influenza**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **33a**

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 **0**

23. Signature **Frances Henry** (M. D. or other)  
 Address **2910 Harrison St.** Date signed **Feb 4 44**

**Kansas City, Mo.**

*Dr. Frances Henry*

**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 *I. J. Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2505 Highland*

**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.**