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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 24

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17624

Primary Registration District No. 5168

Registrar's No. 135

14

1. PLACE OF DEATH

(a) County: CALLAWAY

(b) City or town: McCREDIE Twp

(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 years, months or days)

In this community: LiFe

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CALLAWAY 0

(c) City or town: McCREDIE 0

(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: 0

3. (a) PRINT FULL NAME: SUSAN CRAIG EPPERSON

3. (b) If veteran, name war: No

3. (c) Social Security No. NO

4. Sex: FEMALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: 2 DECEASED

6. (b) Name of husband or wife: .....

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

7. Birth date of deceased: MAY (Month) 15 (Day) 1855 (Year)

8. AGE: Years 89 Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace: McCREDIE (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business: .....

MOTHER FATHER

12. Name: JAMES T. CRAIG

13. Birthplace: CALLAWAY Co (City, town, or county) MO 0 (State or foreign country)

14. Maiden name: MARTHA B. CARTER

15. Birthplace: CALLAWAY Co. (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant: JAMES EPPERSON

(b) Address: McCREDIE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 5, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: RICHLAND BAPTIST.

18. (a) Signature of funeral director: Glen J. Maupin

(b) Address: 712 Court St. Fulton, Mo.

19. (a) May 5-1944 (Date received local registrar) (b) Josie Marquhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May April day 3 year 44 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 27, 1944, to April 27, 1944, that I last saw her alive on April 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Left sided Hemiplegia — Duration: Since 4/27/44

Due to: cerebral hemorrhage

Due to: .....

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

Major findings: Of operations: None

Of autopsy: None

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: 0

23. Signature: Henry Dunst (M. D. or other) M.D.

Address: Fulton, Mo. Date signed: 5/5/44

11-71

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-7-44

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 Glen Y. Mangum
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.