

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(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 1 year

3. (a) PRINT FULL NAME Lee Eppinger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Feb 26 1915
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation manager

11. Industry or business Rolling & Rink

12. Name No record

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Eppinger

(b) Address 309 - Main St

17. (a) removal (b) Date thereof 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norton Kansas

18. (a) Signature of funeral director Tharick Dillon

(b) Address 4th & W. St Joplin

19. (a) 5-9-44 (b) John Eppinger
(Date received local registrar) (Registrar's signature)

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. 716 Steel
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 13:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure
Due to _____

Due to Chronic Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 93d

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 Coronary

23. Signature A. Hessler (M. D. or other)
Address Carthage Mo. Date signed May 9 44

44-5-394

REC 11 1944

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.....

David Dillon

Licensed Embalmer No.....

3898

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.