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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8567

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1058

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4143 E. Sixth St. 8
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred W. Epperson
3. (b) If veteran, name war None
3. (c) Social Security No. 409-07-4274
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ina Rose Epperson
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased May (Month) 8 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
31	9	27	hr. min.

9. Birthplace Rich Hill (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Water Test Man
11. Industry or business Aluminum Co. of America
MOTHER FATHER
12. Name James Olin Epperson
13. Birthplace Vernon Co. (City, town, or county) Mo. (State or foreign country) O
14. Maiden name Alta B. Henderson
15. Birthplace Bates Co. (City, town, or county) Mo. (State or foreign country) O
16. (a) Informant Ina Rose Epperson
(b) Address 4143 East Sixth St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 8 (Day) 1945 (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 3-6-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1945 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from February 24, 1945, to March 5, 1945 that I last saw him alive on March 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration pneumonia (Leukemoid blood picture) — Duration
Due to myelogenous leukemia
Due to
Other conditions (Include pregnancy within 3 months of death) 74a'
Major findings:
Of operations
Of autopsy See above

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
23. Signature Clark W. Seely M.D. (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 3-5-45

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep., Md.

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.