

No. 2
-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Mr Edwards
State File No. 37861
Registrar's No. 114

FILED NOV 28 1945
Registration District No. 200

Primary Registration District No. 5724

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Eagle Twp
(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.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Eagle Twp
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Lee Epperson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 12
year 1945 hour 3 minute 0 M.
21. I hereby certify that I attended the deceased from Oct 1
1945 to Oct 12, 1945
that I last saw him alive on Oct 12, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19 - 1861
(Month) (Day) (Year)

Immediate cause of death Chronic endocarditis
Due to _____
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 84 Months 2 Days 24
If less than one day hr. _____ min. _____

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Macon Mo
10. Usual occupation Retired Farmer

MOTHER FATHER
11. Industry or business _____
12. Name Albert Epperson
13. Birthplace No Record
14. Maiden name Miss Caldwell
15. Birthplace No Record

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Allen H Epperson
(b) Address Washington St
17. (a) burial (b) Date thereof 10/14/45
(c) Place: burial or cremation Liberty Cem
18. (a) Signature of funeral director Albert Stegman
(b) Address Macon Mo
19. (a) 10/31/45 (b) W. B. Hunter

23. Signature J. D. Edwards (M. D. or other) _____
Address Macon Mo Date signed 10/26/45

RECEIVED

District Health Officer No. 10

District File Number 11-45-1692

Date Filed NOV 24 1945

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.