

No. 2
1-5-42
5-17-39
X32873

FILED #13 1 1946
Registration District No.

Primary Registration District No. 3007

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hours
(Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff, 7
(If outside city or town limits, write "RURAL")
(d) Street No. 327 South Eleventh 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lewis Steven Epps

3. (b) If veteran, name war World War #2
3. (c) Social Security No. 487-12-4336

20. DATE OF DEATH: Month Jan. day 17
year 1946 hour 9 minute 53 AM

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....
that I last saw him alive on....., 19.....
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 Eula Epps
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased April 14 1916
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral Hemorrhage

8. AGE: Years Months Days If less than one day
29 9 3 hr. min.

Due to Fracture of skull
Due to falling on sidewalk and striking his head after

9. Birthplace Poplar Bluff, Missouri
(City, town, or county) (State or foreign country)

Other conditions being struck by a person
(Include pregnancy within 3 months of death)

10. Usual occupation Chauffeur

11. Industry or business Utilities

12. Name William Byrd Epps

13. Birthplace Butler Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barbara McComb

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Epps

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof Jan 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 1-24-46 (b) W. H. Nunelee
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy cerebral hemorrhage

Duration
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) Homicide
(b) Date of occurrence Jan. -17-1946
(c) Where did injury occur? Poplar Bluff Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Public Sidewalk
(Specify type of place)
While at work No (e) Means of injury hit and struck
23. Signature Grover W. Green (M. D. or other) Green
Address Poplar Bluff Mo Date signed 1-28-46

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

233

SEP 18 1947

NOV 6 1947

APR 5 1948

MAR 18 1948

FEB 7 1949

RECEIVED

District Health Office No. 2,

District File Number 146-141

Date Filed 1-30-46

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 Howard G. Rodgers

Licensed Embalmer No. 4386

P. O. Address Doplex Bluff 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.