No. 2
5-43
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13917

FILED APR 9 1946

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(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 Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. No street numbers 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Fannie Hepler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Hepler
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased September, 24th. 1854 (Month) (Day) (Year)
8. AGE: Years 91 Months 6 Days 8 If less than one day hr. min.
9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business Home
FATHER
12. Name Buck Woods
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucindia Baxter
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lucy Lowe (Daughter)
(b) Address Tipton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cemetery, Cooper Co. Mo.
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton Mo.
19. (a) 4/2/46 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1946 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from Oct 10th 1945 to Mar 26th 1946 that I last saw her alive on Mar 26th 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac Deficiency
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 J. F. Potts (M. D.)
Address Tipton, Mo. Date signed 4/2/46

203 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-8-46

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 me, Registered Apprentice No., working under my personal supervision.

Signed Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, Me

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.