S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17644

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Phelps Dillon Twp.
(b) City or town St James Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home
(If not in hospital or institution, write street number or location) 11
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town (Dillon Twp.) Rural
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William Epperson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Evansville Indiana 1
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business none
FATHER 12. Name Don't Know
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
16. (a) Informant Henry Dail Nursing Home
(b) Address St James Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof May 30 46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Steelville Mo
18. (c) Signature of funeral director J. Gibson & Son
(b) Address Steelville Mo
19. (a) June 5, 46 (Date received local registrar) (b) Cora E. Birmingham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28th year 1946 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 16, 1943 to May 28, 1946 that I last saw him alive on May 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	0
Due to: Hypertension	3-4 years
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 C. W. Hammler (M. D.)
Address St James Date signed June 31, 1946

253 (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 Harry Jones Embalmed., Registered Apprentice No.....,
working under my personal supervision.

Signed Harry Jones

Licensed Embalmer No. 2624

P. O. Address Steelville 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.