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

19502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20636

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 213

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 303 East Fair. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 303 East Fair 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ellen Kepley

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 Widowed.

6. (b) Name of husband or wife Harbin Kepley

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 19, (Day) 1852 (Year)

8. AGE: Years 93 Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Georgetown, (City, town, or county) Indiana. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jacob Summers
13. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Cyrena Hickman
15. Birthplace Georgetown, (City, town, or county) Indiana. / (State or foreign country)

16. (a) Informant Mrs Goldie Byrne
(b) Address 303 East Fair.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-'46 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Dixon L. Kepley
(b) Address Independence, Mo.

19. (a) June 22-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1 May, 1946 to 9 June, 1946 that I last saw h. w alive on 7 June, 1946 and that death occurred on the date and hour stated above.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

162b

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 [signature] (M. D. or other) MD

Address Midys Mo Date signed 6-10-46

(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. F. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K.C. 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.