S. No. 2
M—2-43
. 5-17-39
I X35697

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

21431

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22567

Registration District No. 1 Primary Registration District No. 5001 Registrar's No. 202

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Willmathsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Willmathsville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair
(c) City or town: Willmathsville
(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: Miranda Epperson
3. (b) If veteran, name war
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug. (Month) 16 (Day) 1861 (Year)
8. AGE: Years 84 Months 10 Days 12 If less than one day hr. min.
9. Birthplace: Adair Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
12. FATHER Name: Jacob Goldsby
13. FATHER Birthplace: Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Mariah Little
15. MOTHER Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mollie Byrn
(b) Address: Willmathsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Willmathsville, Mo
18. (a) Signature of funeral director: D E Ruby
(b) Address: Kirksville, Mo.
19. (a) 7-17-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1946 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from May 1, 1946 to Time of death; that I last saw her alive on 6-17-46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Enlargement of Heart	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93d
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. H. Van Ordal, M.D. (M.D. or other)
Address: Greenfield, Mo. Date signed 7-12-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1422
Date Filed JUL 23 1946

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 D E Riley

Licensed Embalmer No. 4141

P. O. Address Kaskaskia 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.