S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

28403

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29567

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1113

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1313 North 10th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1313 North 10th St (If rural, give location) 7

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

If yes, name country

3. (a) PRINT FULL NAME George Eppler

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 18, 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Flag Springs, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business 9

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unk.
15. Birthplace unk. (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Social Security Records

(b) Address Patee Hall, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Oct. 2, 1946 (Date received local registrar) (b) H J Nettleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1946 hour 11 minute 50P M.

21. I hereby certify that I attended the deceased from April 18, 1946 to Sept 26, 1946 that I last saw him alive on Sept 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Epidermoid Carcinoma grades involving lower lip extending over entire submaxillary region (SUBMAXILLARY)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

45A

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)

(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 0

23. Signature Charles H. Werner (M. D. or other)

Address 221 Kirkpatrick Bldg St. Joseph, Mo. Date signed 9-27-1946

24 (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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address S. T. Joseph 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.