

FILED JUN 4 1947

State File No.

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
320 West 4 th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Thomas Kephart

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Not Living

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

7. Birth date of deceased February 8 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 3 15 hr. min.

9. Birthplace No Data Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture Dealer

MOTHER FATHER

11. Industry or business.....

12. Name John Henry Kephart

13. Birthplace No Data
(City, town, or county) (State or foreign country)

14. Maiden name Della Beard

15. Birthplace No Data Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Irene Kephart (daughter)

(b) Address 320 West 4 th. St. Webb City Mo

17. (a) Burial (b) Date thereof 5/27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Missouri

19. (a) MAY 24; 1947 (b) J. L. Hutchins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 320 West 4 th. St. 2
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1947 hour 5 minute 15 p M.

21. I hereby certify that I attended the deceased from April 13 to May 23 1947
that I last saw him alive on May 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis type
Coronary atherosclerotic heart
Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place).....
Means of injury.....

23. Signature James V. Flaherty (M. D. or other)
Address Carterville Mo Date signed 5-24-47

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

0-2
-45
-7-39
K47070

47-5-471

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 *Richard Gray Lewis*
Licensed Embalmer No. *4485*
P. O. Address *Webb City, 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.