

S. No. 2
-12-45
5-17-39
PI X47070

FILED JUL 11 1947
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1039 West Mt. Vernon Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RACHEL ANN EPPS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert M. Epps

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 2, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>22</u>	hr. min.

9. Birthplace Lincoln County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Nelson Petry

13. Birthplace Unknown, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Petry

15. Birthplace Unknown, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Burge Hospital Nursing Office

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/26/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unknown

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-3-47 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24, year 1947 hour 10: minute 16 A. M.

21. I hereby certify that I attended the deceased from June 24 to June 24, 1947, that I last saw her alive on June 24, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolus Duration 10 days

Due to Carcinoma of Left Lung 2 yrs

Due to _____

Other conditions: Coronary Heart Dis. ?
(Include pregnancy within 3 months of death)

Major findings: none 4719

Of operations _____

Of autopsy none

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)

(e) Means of injury _____

23. Signature W. E. Handley, M.D. (M. D. or other)

Address 450 1/2 E. Court, Springfield, Mo. Date signed 7-2-47

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.....

Ferriter
....., Registered Apprentice No. *479*
working under my personal supervision.

Signed *Jewell E. Mundle*
.....

Licensed Embalmer No. *2831*
.....

P. O. Address *Springfield, 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.