No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42234

FILED DEC 26 1947

Registration District No. 783 — Primary Registration District No. 5655 — Registrar's No. 167

55 0 0

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence 55
(c) City or town: Aurora 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 204 South Elliott 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Madge B. Kepner
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: W. H. Kepner
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: February (Month) 21 (Day) 1874 (Year)

8. AGE: Years 73 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace: Bellville (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Joseph Griffen
13. Birthplace: Bellville (City, town, or county) Illinois (State or foreign country) 1
MOTHER 14. Maiden name: Ann Bell Murdaugh
15. Birthplace: Bellville (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. State San., Mount Vernon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: OCT 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park, Aurora
18. (a) Signature of funeral director: Oscar Marsh
(b) Address: Aurora, Mo.
19. (a) 12-2-47 (Date received by local registrar) (b) O. C. Kilbreth (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1947 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from October 19, 1947, to October 27, 1947, that I last saw her alive on October 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-respiratory insufficiency — Duration: Unknown
Contributory:
1. Toc. Eroding ulcer of terminal trachea, with
2. Right pulmonary atelectasis and
Due to: pneumonia following hemorrhage

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: Autopsy: Cardio-respiratory insufficiency
Contributory: 1. Eroding ulcer (Toc) terminal trachea, with
2. Rt. Pulmonary atelectasis and pneumonia following hemorrhage.
Of autopsy:

PHYSICIAN — Write the cause of death in the space provided and state 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: Roy W. Dickerson (M. D. or other)
Address: Mo. State San, Mount Vernon, Mo. Date signed: 10-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1247-1289
Date Filed 12-23-47

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 John D. McNabb, Registered Apprentice No. 85, working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.