No. 2
-12-45
-17-39
7070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17058

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 45

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 20 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State CALIFORNIA (b) County 999
(c) City or town LOS ANGELES 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE FLORENCE EPPLE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALBERT THEDORE EPPLE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased: December (Month) 19 (Day) 1881 (Year)

8. AGE: Years 66 Months 5 Days 9 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name WILLIAM HANNAH
13. Birthplace UNKNOWN (City, town, or county) ARKANSAS (State or foreign country)
MOTHER
14. Maiden name UNKNOWN KNIGHT
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Albert Thedore Epple
(b) Address LOS ANGELES, CALIFORNIA
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery Neosho
18. (a) Signature of funeral director CLARK-BIGLAM MORTUARY
(b) Address 200 E. Spring St. Neosho, Mo.
19. (a) June 1, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29 year 1948 hour 12 minute 07 A.M.
21. I hereby certify that I attended the deceased from May 10, 1948, to May 28, 1948, that I last saw her alive on May 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

9329

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 L. L. Whitehead (M. D. or other) MD
Address Neosho Mo Date signed 6-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 648-316

Date Filed 6-8-48

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 Erling M. Dunagan

Licensed Embalmer No. 3566

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.