

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

22030

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 21 1948
National Office of Vital Statistics

Registration District No.

Primary Registration District No. 3000

Registrar's No. 228

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home # one
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution: 15 days
In this community: 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Chariton
(c) City or town: Rothville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country:

3. (a) PRINT FULL NAME: KEPNER, Martin W^m
3. (b) If veteran, name war:
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 15
year: 1948 hour: 6:00 minute: AM
21. I hereby certify that I attended the deceased from June 21 30th 1948 to July 15 1948
that I last saw him alive on July 15 1948
and that death occurred on the date and hour stated above.

4. Sex: M 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug 24 1866
(Month) (Day) (Year)

Immediate cause of death: Malnutrition
Due to: Senile psychosis
Arteriosclerosis
Other conditions: Cerebral hemorrhage
(Include pregnancy within 3 months of death)

8. AGE: Years: 82 Months: 10 Days: 11
If less than one day hr. min.

Major findings: Of operations:
Of autopsies: (S)
PHYSICIAN:
Underline the cause of which death should be charged statistically.

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:
12. Name: Sideon. Kepner
13. Birthplace: Penn
(City, town, or county) (State or foreign country)
14. Maiden name: Quens
15. Birthplace: Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Francis Kepner
(b) Address: Rothville MO

17. (a) Burial (b) Date thereof: 7/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Rothville MO

18. (a) Signature of funeral director: Jas M Laughlin
(b) Address: MO

19. (a) 7-16-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

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? (c) Means of injury
23. Signature: M.T. Lutenshu or other: DD
Address: Kirksville, MO Date signed: 7-15-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 98

District File Number 7-68-178

Date Filed JUL 20 1918

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.....

Dale Bunch

Licensed Embalmer No.....

4088

P. O. Address.....

Meridian 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.