No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 349

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28627

State File No.

Primary Registration District No. 6181

Registrar's No. 14

1. PLACE OF DEATH:

(a) County SULLIVAN

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

(c) Name of hospital or institution: Penn Twp. O.P. Green City (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SULLIVAN

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

(d) Street No. Penn Twp. near Green City (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA Eneline EPPERSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife RICHARD EPPERSON

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

7. Birth date of deceased August (Month) 20 (Day) 1862 (Year)

8. AGE: Years 86 Months 0 Days 17 If less than one day hr. min.

9. Birthplace MACON Co. (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name SAMUEL PATLIFF

FATHER 13. Birthplace MACON Co. (City, town, or county) Mo. U (State or foreign country)

MOTHER 14. Maiden name MARY JANE SWINK

MOTHER 15. Birthplace Don't (City, town, or county) KNOW (State or foreign country)

16. (a) Informant Mrs Olive Ross

(b) Address Green City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 8 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cem.

18. (a) Signature of funeral director Glenn E. Kent & Son

(b) Address Green City Mo.

19. (a) 9-10-1948 (Date received local registrar) (b) Laura Catlett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-13 1946 to 6-16 1948 that I last saw her alive on June 16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Mental confusion	

Major findings:
Of operations: none
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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury none

23. Signature Guy W. Labb D.O. (M.D. or other)

Address Green City Mo. Date signed 9-7-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1949

DEC 24 1949

JAN 18 1956

MAY 21 1949

RECEIVED
District Health Officer No. 10
District File Number 9-48-160
Date Filed SEP 13 1948

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.