

FILED OCT 18 1948
Registration District No. **28**

Primary Registration District No. **2000**

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: **O'Reilly VA Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Months**
In this community **6 Months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Daniel George Epperson**

3. (b) If veteran, name war **World War II**
3. (c) Social Security No. **500-10-6629**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **?** 6. (c) Age of husband or wife if alive **?** years

7. Birth date of deceased **August 29, 1911**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 1 16 hr. min.

9. Birthplace **Sheridan County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cabinet Maker**

11. Industry or business

MOTHER FATHER
12. Name **Alex Epperson**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Alma Strohmman**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **VA Records**
(b) Address **O'Reilly VAH, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 17, 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Missouri**

18. (a) Signature of funeral director **Herman H. Lohmeyer**

(b) Address **Springfield, Missouri**

19. (a) **10-18-48** (b) **W E Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 97**
(c) City or town **Slater**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **14**
year **1948** hour **11** minute **--** P.M.

21. I hereby certify that I attended the deceased from **April 15**, 19 **48** to **October 14**, 19 **48**
that I last saw him alive on **October 14**, 19 **48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, pulmonary, chronic, far advanced, active.**

Due to _____
Due to _____

Other conditions **Meningitis, tuberculous**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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)
(c) Means of injury _____

23. Signature **Paul L. Eisele** (M. D. 00000)
Address **O'Reilly VAH, Springfield, Mo.** Date signed **10-14-48**

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

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.....

Robert W. Mead....., Registered Apprentice No. *277*
working under my personal supervision.

Signed *Walter E. Hamilton*
Licensed Embalmer No. *3888*
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.