

National Office of Vital Statistics

FILED JAN 3 1949 **347**Primary Registration District No. **6172**Registrar's No. **59**

1. PLACE OF DEATH

(a) County Stone
 (b) City or town Rural Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone **104**
 (c) City or town Rural Washington
 (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 _____

3. (a) PRINT FULL NAME

Raney Epps
 3. (b) If veteran, name war no 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
 year 1949 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Just time
at time of death to _____ 19____
 that I last saw _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Duration

2 hrs.

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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 0

23. Signature H. P. Terry (M. D. or other)
 Address Crane Mo. Date signed 11-20-49

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Roda Epps 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Jan 1 1886
 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 20 If less than one day
 hr. _____ min _____

9. Birthplace Hawley Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name William Riley Epps

13. Birthplace Wentzland Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Dickman

15. Birthplace Wentzland Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Epps

(b) Address Helena Mo.

17. (a) Burial (b) Date thereof Nov 21 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena Mo.

18. (a) Signature of funeral director Ernest J. Cheatham

(b) Address Helena Mo.

19. (a) Dec. 1 - 49 (b) Lena Murray Dep.
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

License File Number 1248-1404

Date Filed 12-30-48

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina 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.