

DEPT. 111 1 - 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22496
Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette Registration District No. 460
Davis Primary Registration District No. 927A
 (b) Township Higginsville (c) Street No. _____ St.
 or _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sue Vance Eppes Willis

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. W. Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-12-1852

7. AGE YEARS 86 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Laurens (STATE OR COUNTRY) S. C.

13. NAME John Wales Eppes

14. BIRTHPLACE (CITY OR TOWN) Laurence (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Othello Boyd

16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

17. INFORMANT Ms. Sam Neal RCH (ADDRESS) Higginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo DATE 6-23-1939

19. FUNERAL DIRECTOR (NAME) Hoefler & Meinershagen (ADDRESS) Higginsville Mo.

20. FILED July 1, 1939 John W. Webb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-21-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 to June 21, 1939. I last saw him alive on June 20, 1939. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Atherosclerosis over 10 years
50
 Other contributory causes of importance:
Carcinoma l. mammae - 1935
(She has small nodules)
 Name of operation None
 What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) W. Keppentink M. D.
Higginsville Mo (Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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20M-9-1-1938
X 16605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/12/39

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.....

Roy F. Wieggers for Hoefer & Meinershagen, Registered Apprentice No.....

working under my personal supervision.

Hoefer Meinershagen
Signed.....

Licensed Embalmer No. 28883.

P. O. Address Figginville, 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, above space should be left blank.