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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3055

10383

State File No. _____

Registrar's No. 75-28

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

714
1
2

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 740 am 24d
 (Specify whether
 In this community 740 am 24d
 years, months or days)

3. (a) PRINT FULL NAME Emma 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 M. F. Epperson 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased Dec 15 1867
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name George McNary

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

14. Maiden name Martha Blocher

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

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof 3/9/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital, May

18. (a) Signature of funeral director Carl E. Schantz

(b) Address Hannibal, Mo.

19. (a) 3-9-42 (b) Josie Masinich
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike 014
 (c) City or town Leshburn 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
 year 1942 hour 4-15 minute P. M.
 21. I hereby certify that I attended the deceased from 3-4-1942 to 3-9-1942
 that I last saw her alive on 3-9-1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to Cerebral Hemorrhage

Due to Generalized Arteriosclerosis

Other conditions _____

(Include pregnancy, within 3 months of death)

Major findings: Of operations 168

Of autopsy _____

PHYSICIAN _____

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) (e) Means of injury _____

23. Signature George W. News (M. D. or other) M.D.

Address Fulton, Mo. Date signed 3-9-42

1141 (Licensed Embalmer's Statement on Reverse Side)

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.....

Cecil E. Schwartz....., Registered Apprentice No. *1766*
working under my personal supervision.

Signed..... *Cecil E. Schwartz*
Licensed Embalmer No. *1766*
P. O. Address *Hannibal, 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.