

FILED APR 12 1944

Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11228

Primary Registration District No. 3028

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME WILEY BENJAMIN EPPERSON

3. (b) If veteran, name war None
3. (c) Social Security No. 490-10-1945

4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ETHEL BRONAUGH
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased September 28, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 4
If less than one day hr. min.

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

10. Usual occupation Marble worker

11. Industry or business

MOTHER FATHER
{ 12. Name Benjamin Epperson
13. Birthplace X Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Johnson
15. Birthplace X Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Epperson
(b) Address Route #4, Carthage, Mo.
17. (a) Burial (b) Date thereof 3-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.
19. (a) Mailed 6 '44 (b) Elizabeth Coplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4, Carthage
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3, year 1944 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from 2-11-44 to 3-3-44, 1944
that I last saw him in alive on 3-3-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Duration 7 days

Due to 137a
Due to

Other conditions suprapubic prostatectomy 2-19-44
(Include pregnancy within 3 months of death)

Major findings: Of operations prostatic hypertrophy benign
Of autopsy
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. B. Epperson (M. D. or other)
Address Carthage, Mo Date signed 3-6-44

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

44-8-278

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..... *E. L. L. L. L. L.*

Licensed Embalmer No. *2222*

P. O. Address. *Carthage*

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.