

FILED MAR 18 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 5001

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Willmathsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Willmathsville, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life (Month) (Year) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Willmathsville
(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 James Henry Epperson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Miranda Goldsby 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased August 10 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Schuyler Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name William Epperson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miranda Epperson

(b) Address Willmathsville, Mo.

17. (a) Burial (b) Date thereof 2/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willmathsville, Mo

18. (a) Signature of funeral director D. E. Riley
(b) Address Kirksville, Mo.

19. (a) 3-3-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1946 hour 7:00 minute _____ P: _____ M: _____

21. I hereby certify that I attended the deceased from 1-18, 1946, to 2-11, 1946
that I last saw him alive on 2-11-46
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Chronic Myocarditis
Due to _____
Due to _____

Other conditions _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 2

23. Signature [Signature] (M. D. or other) _____
Address New Oxford Hospital Date signed 2/13/46

Creighton, Mo

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

7314

RECEIVED

District Health Officer No. 10

District File Number 3-46-512

Date Filed MAR 16 1946

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 D. W. Riley

Licensed Embalmer No. 4181

P. O. Address West K. Smith Md

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.