

FILED NOV 9 1949  
 Dr. Baker

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 34092

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3028 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	c. LENGTH OF STAY (In this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 1303 Hazel	
3. NAME OF DECEASED (Type or Print) a. (First) Charles B. Epperson b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct 23, 1949
5. SEX m.	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1886
9. AGE (In years last birthday) 62 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Buffalo, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Benjamin Epperson	
13b. MOTHER'S MAIDEN NAME Emma J. Johnson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 496-20-4904	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norma Epperson, Carthage, Mo.
18. CAUSE OF DEATH (Write only one cause per line for (a), (b), and (c))			
<p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MUSCULAR TALKULAR HEART condition</p> <p>ANTECEDENT CAUSES          Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - ILL 4, 5 YRS AGO</p> <p>II. OTHER SIGNIFICANT CONDITIONS          Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 10, 1944, to Oct 23, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. A. Baker M.D.		23b. ADDRESS Carthage Mo	23c. DATE SIGNED 10-24-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-49	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage Missouri
DATE REC'D BY LOCAL REG. 10-26-1949	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO	

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

RECEIVED 10-31-49  
Jasper County Health Office

County File Number 49-10-816  
Date Filed 11-8-49

DEC 7 1949

JAN 10 1950

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*John S. Penney*

Licensed Embalmer No. A194

P. O. Address \_\_\_\_\_

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of MO  
County of Jasper } ss.

State File No. 34092

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. \_\_\_\_\_

On this 5 day of January, 1950, before me appears Norma  
Epperson, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Charles B. Epperson, <sup>died</sup> Oct 25, 1949, in the State of  
Missouri, and which was filed at Carthage on 27, 1949, should be corrected as follows:

- Item No. 8 should read 1887, March 31
- Instead of 1886, March 31
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. 9 should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Norma Epperson Relationship Wife

1303 Hazel Carthage Mo  
Present Address.

Subscribed and sworn to before me this 7 day of January, 1950

My Commission expires Aug. 1952 John S. Kennedy Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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