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

Do not use this space.

1. PLACE OF DEATH
County Jackson. Registration District No. 398 File No. 27187
Township Blue. Primary Registration District No. 5554 Registered No. 309
City Fairmount (No. 143 North Ash. St. Ward)

2. FULL NAME George M. Sappenfield.
(a) Residence. No. 143 North Ash Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie E. Sappenfield
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 30 1849
7. AGE: YEARS 78 MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Rug Maker
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana
PARENTS
10. NAME OF FATHER: George Sappenfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown.
12. MAIDEN NAME OF MOTHER: Edith Engram
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown.
14. INFORMANT (Address): George Sappenfield 143 N. Ash Fairmount
15. FILED 8/28 1928 F. L. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 26 1928
17. I HEREBY CERTIFY, That I attended deceased from 8-26- 1928, to 8-26- 1928 that I last saw him alive on 8-26- 1928 and that death occurred, on the date stated above, at 9.45 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio - Vascular - renal disease - with failing compensation
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) 131 95B
(duration) yrs. mos. ds.
1290
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. H. Allen, M. D
8-27, 1928 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Blue Springs Mo. DATE OF BURIAL: Aug 28 1928
20. UNDERTAKER: Rose & Henderson ADDRESS: 150 Jackson

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.

SEP

THIS IS A PERMANENT RECORD

end.