

NOV 22 1938

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

36329  
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582  
(b) Township JACKSON Primary Registration District No. 5779  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 35

2. PRINT FULL NAME

416 JOHN HENRY CLAPPER  
(a) Residence, No. MONROE Co. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 RUTH CLAPPER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 17, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 7 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FARMER  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) MAY, 1930 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STOUTSVILLE MO.

FATHER 13. NAME HEATON J. CLAPPER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.

MOTHER 15. MAIDEN NAME MATTHA THOMPSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.

17. INFORMANT (ADDRESS) Mrs. J. H. CLAPPER PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE STOUTSVILLE MO DATE OCT. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) SPEED & BLAKEY PARIS, MO.

20. FILED 10-15 1938 H. C. Payne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1938, to 10-15, 1938  
I last saw him alive on 10-15, 1938 Death is said to have occurred on the date stated above, at 7:55A am.  
The principal cause of death and related causes of importance were as follows:

Lymphadenoma  
47  
Other contributory causes of importance: Contract failure

Date of onset Don't know

Name of operation none Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) Nellis J. Christman (Address) Paris, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-511

Date Filed 11/16/38

STATEMENT BY LICENSED EMBALMER

I, E. H. Agnew, Licensed Embalmer No. 4000

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. H. Agnew  
Licensed Embalmer No. 4000

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

36329  
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 582  
(b) Township Jackson Primary Registration District No. 6779 Registered No. ....  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Henry Clapper  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 7 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Lymphadenoma  
antenna cord  
Patent mechanical  
Prostheses  
Other contributory causes of importance:  
Cardiac failure  
47

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Nellie G. Christman, M. D.

(Address) Paris

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

