

FILED APR 8 1940 73

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 2
In this community all of life (Specify whether years, months or days) 152

8. (a) PRINT FULL NAME Cora M. Gappington

3. (b) If veteran, name war ✓ (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 5 27 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ✓

12. Name William Baldridge

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Jane Saunders

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Latham

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 3-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Boone Co Mo

18. (a) Signature of funeral director Parler's, W. H. Vandeventer
(b) Address Columbia Mo

19. (a) 3/20/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 715 Lyons St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
year 1940 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to 3-18-, 1940
that I last saw her alive on 3-18-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis Duration _____

Due to Chronic biliary obstruction & cholangitis and hepatitis

Other conditions (include pregnancy within 3 months of death) 126

Major findings: Of operations _____

Of autopsy see above diagnosis 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? 74

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

23. Signature Robert H. Simpson (M. D. certificate) 1

Address Columbia Mo Date signed 3/19/40

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 W J Vandevanter

Licensed Embalmer No. 2494

P. O. Address Columbia Mo

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, above space should be left blank.