

FILED SEP 25 1940

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

29283

Do not use this space.

1. PLACE OF DEATH
- (a) County Remiseot 2 Registration District No. 412 653
 (b) Township Hayti 0 Primary Registration District No. 5870 4395 Registered No. _____
 (c) City Hayti (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.
 (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 100 James Alfred Lapp
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant's</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-28-40</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>1</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Infant</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti, Mo.</u>		
FATHER	13. NAME <u>Junior Lapp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ridgely Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Mae Estelle Pruitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Tenn.</u>	
17. INFORMANT (ADDRESS) <u>John H. Carroll Hayti, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Imman Ridge</u> DATE <u>8-14-40</u> 19.		
19. FUNERAL DIRECTOR (ADDRESS) <u>Neighbors</u>		
20. FILED <u>Aug 20</u> 19 <u>40</u> <u>Mrs J. R. Cole</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. - 13 1940

22. I HEREBY CERTIFY That attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on 8-4- 1940. 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:
Colitis -

Other contributory causes of importance:
11 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) ambrey M. D.
 (Address) Hayti, Mo.

946 (Licensed Embalmer's Statement on Reverse Side)

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.

9-4:04/0

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29283**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **653**

Primary Registration District No. **4390**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Hayti**
(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Alfred Lapp**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband, or wife, if alive **28** years

7. Birth date of deceased **6-28-1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 hr. min.

9. Birthplace **Hayti**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Junior Lapp**

13. Birthplace **Ridgely Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Max Edler**

15. Birthplace **Camden Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Carroll**

(b) Address **Hayti Mo**

17. (a) Informant **Ingram Ridge** Date thereof **8-14-40**
(Bugal, translation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation

18. (a) Signature of funeral director **Neighbors**

(b) Address

19. (a) **8/10/1940** (Date received local registrar) **Pearl Kelley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Aug** day **13** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19;

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Due to

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?

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

23. Signature **A. B. Shiver** (M. D. or other)

Address **Hayti Mo** Date signed

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

R

EMERGENCY SUPPLY

