

Registration District No. **718**

Primary Registration District No. **5948**

Registrar's No. **42**

**1. PLACE OF DEATH:**  
 (a) County **Putnam**  
 (b) City or town **Lemons, Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Lemons**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2**  
 (Specify whether **I**)  
 In this community **14 1/2**  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Putnam**  
 (c) City or town **Lemons, Mo**  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. **✓** (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **✓** years.

**3. (a) PRINT FULL NAME** **Thomas Edward Clapper**  
 (b) If veteran, name war **✓** (c) Social Security No. **✓**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **29**  
 year **1940** hour **8 1/2** minute **15 P.M.**  
**21. I hereby certify that I attended the deceased from**  
 19\_\_ to \_\_, 19\_\_;  
 that I last saw h. alive on \_\_, 19\_\_;  
 and that death occurred on the date and hour stated above.

**4. Sex** **m** - **5. Color or race** **W.** -  
**6. (a) Name of husband or wife** **Martha Clapper**  
**6. (c) Age of husband or wife if alive** **65** years  
**7. Birth date of deceased** **1 Oct 27 1864**  
 (Month) (Day) (Year)

**Immediate cause of death** **Secondary Anemia** **1 yr.**  
**Duration**  
**Due to** **Chronic Nephritis** **1 yr.**  
**Due to** **Coronary Disease** **1 yr.**

**8. AGE:** Years **75** Months **9** Days **2** If less than one day **-** hr. **-** min.  
**9. Birthplace** **Putnam Co Mo**  
 (City, town, or county) (State or foreign country)

**Other conditions** **121**  
 (Include pregnancy within 3 months of death)  
**Major findings:** **Hypertension**  
 Of operations **no**  
 Of autopsy **no**

**10. Usual occupation** **farmer**  
**11. Industry or business**  
**12. Name** **James J. Clapper**  
**13. Birthplace** **Seethland Co Mo**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Martha Clapper**  
**15. Birthplace** **Seethland Co Mo**  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. Carmey Vaudryne**  
 (b) Address **Unionville Mo**  
**17. (a) Burial** (b) Date thereof **July 30 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Lemons Mo**  
**18. (a) Signature of funeral director** **J. C. Roberts**  
 (b) Address **Unionville Mo**  
**19. (a) Aug 7 1940** **J. W. Gillum**  
 (Data received local registrar) (Registrar's signature)

**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?  
**645** (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** **J. C. Roberts** (M. D. or other) **1**  
 Address **200 Block, Mo** Date signed **10/1/40**

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1703

Date Filed SEP 5 1940

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.