

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31395

Registration District No. 71

Primary Registration District No. 5110 A

Registrar's No. 19

FILED OCT 11 1940

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Cedar Rimp.
(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)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Nannie Sapp

8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lewis Sapp 6. (c) Age of husband or wife If alive 63 years

7. Birth date of deceased Aug. 10 187
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Terry Bennet

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Claypool

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lewis Sapp

(b) Address Hartsburg Missouri

17. (a) Burial (b) Date thereof Sept. 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goshen

18. (c) Signature of funeral director Holt & Burnett

(b) Address Ashland Missouri

19. (a) 10-5-40 (b) Frances Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(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 Sept. day 20
year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1935, 1935, to 1940, 1940;
that I last saw him alive on 9-20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

72
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. P. Megee (M. D. or other)

Address Hartsburg MO Date signed 9/21/40

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.

1931 X1931

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 *Wm E. Burnett*.....

Licensed Embalmer No. *4* 3564.....

P. O. Address *Ashland Missouri*.....

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.