

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44028**

Registration District No. **194451**

Primary Registration District No. **4588**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **SCOTT**
 (b) City or town **TORNEBELT**
 (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
 In this community **27 years**
 years, months or days **3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **SCOTT**
 (c) City or town **ILLMO**
 (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.

8. (a) PRINT FULL NAME **IVAH ESTELLA TAPP**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **493-03-7594**

4. Sex **FEMALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **WILLIAM GORDON TAPP** 6. (c) Age of husband or wife if alive **54 years**
 7. Birth date of deceased **NOV. 28 1891**
 (Month) (Day) (Year)

8. AGE: Years **49** Months **-** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **CAPE GIR. CO. MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business

MOTHER FATHER { 12. Name **J. EDWARD JONES**
 13. Birthplace **CAPE GIR. CO. MISSOURI**
 (City, town, or county) (State or foreign country)
 14. Maiden name **CECELIE ANN CRUMP**
 15. Birthplace **CAPE GIR. CO. MISSOURI**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Clea Tapp**
 (b) Address **619 Benton, Valley Park, Mo**
 17. (a) **Burial** (b) Date thereof **12 18 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lightning Cem. Illmo. Mo.**
 18. (a) Signature of funeral director **J. C. Displinghoff**
 (b) Address **Illmo. Mo.**
 19. (a) **Dec: 18, 1940** (b) **Paul Bray**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **FIFTEENTH**
 year **1940** hour **TWO** minute **THIRTY P.M.**

21. I hereby certify that I attended the deceased from **June 14 1940** to **Dec 15 1940**
 that I last saw him alive on **Nov. 11 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Phonetic Myocarditis**
 Due to _____
 Due to _____
 Other conditions **43C**
 (Include pregnancy within 9 months of death)

Major findings:
 Of operations
 Of autopsy
 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 _____
 28. Signature **J. C. Displinghoff** (M. D. or other) **J. C. Displinghoff**
 Address **Illmo. Mo.** Date signed **12-12-40**

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.....

Marnie Propinghoff

Licensed Embalmer No.

P. O. Address

Choffee Ms

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.