

FILED MAR 17 1941
Registration District No. **31**

Primary Registration District No. **3023**

1
2
2

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

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Warrensburg**
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
In this community **20 days**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **James N. Clapper**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widower**

6. (b) Name of husband or wife **Bertha Clapper** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June - 15 - 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **4** If less than one day **hr. min.**

9. Birthplace **Greenfield Ind. 1.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. J. Clapper**
(b) Address **Postmaster, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 21 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Golden**

18. (a) Signature of funeral director **Suzenny Phillips**
(b) Address **Warrensburg - Mo.**

19. (a) **Feb - 20 - 41** (b) **Bertie Gentry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg, Mo. 51**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **1 2** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19**
year **1941** hour **10** minute **A. M.**
21. I hereby certify that I attended the deceased from **Jan 25**
1941, 19 **Feb. 19**, 19 **41**
that I last saw him alive on **2 - 18**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Streptococcal Cellulitis**
Due to **Osteomyelitis** **6mo**

Due to **Carcinoma of Jaw -** **2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **45**
Of autopsy

Duration
1mo
6mo
2 yrs
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?

(Specify type of place)
While at work? (c) Means of injury
23. Signature **R. Lee Cooper** (M. D. or other)
Address **Warrensburg Mo** Date signed **2-20-41**

RECEIVED
District Health Officer No. 8,
District File Number 3-5-41
Date Filed _____

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 _____

Earl Priest

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.