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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28155

FILED AUG 29 1941

Registration District No. 229

Primary Registration District No. 5211

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Crawford

(b) City or town: Rural, Boone Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

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

(d) Length of stay: In hospital or institution _____ In this community: 10 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Crawford

(c) City or town: Rural, Boone Twn.

(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.? 0 years.

3. (a) PRINT FULL NAME: Joseph E. Sappington,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Sappington

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct. 24th. 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	7	_____ hr. _____ min.

9. Birthplace: St. Louis Co. Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

FATHER
12. Name: George Sappington,
13. Birthplace: St. Louis Co. Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Atwell,
15. Birthplace: St. Louis Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Sappington,

(b) Address: Sullivan, Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Sullivan, Mo.

18. (a) Signature of funeral director: J. T. Williams

(b) Address: Sullivan, Missouri,

19. (a) Aug 5 1941 (Date received by local registrar) (b) C W Adams (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 31st. year 1941 hour 9 minute 30 A.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.

Immediate cause of death: Suicide. Gun shot in right temple.

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): Suicide

(b) Date of occurrence: July, 31st. 1941

(c) Where did injury occur? Crawford Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home on farm (Specify type of place)

While at work? _____ (e) Means of injury: 3

23. Signature: L. Jonas Coroner (M. D. or other)

Address: Steelville Mo Date signed: 7/31/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 84118 70
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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan

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

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