No. 2
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-17-39
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FILED DEC 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38877

State File No.

Registration District No. 579 Primary Registration District No. 5776B Registrar's No.

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Madison R R Twp (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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 19 0

(c) City or town Madison RR 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Anthony Clapp

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mareta Butler Clapp

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11 (Month) 5 (Day) 1875 (Year)

8. AGE: Years 66 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer & Stockman

11. Industry or business Farming

MOTHER FATHER

12. Name Phillip Clapp

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

14. Maiden name Maizie Hinstreet

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

16. (a) Informant Mareta Clapp

(b) Address Madison Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Madison County

18. (a) Signature of funeral director Leo A Thompson

(b) Address Madison Mo

19. (a) 11/28/41 (Date received local registrar) (b) Mrs Leo A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Nov. year 1941 hour 4 minute 45P. 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 by being run over by a truck, the same being an unavoidable accident

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.

17 OC 8 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Nov. 27, 1941

(c) Where did injury occur? OLG (City or town) Monroe (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 24 (Specify type of place)

While at work? (e) Means of injury 3

23. Signature T R Turner Coroner

Address Madison Mo Date signed 11-29-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1941

DEC 2 1941

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 C. Richard Brown, Registered Apprentice No. 909 working under my personal supervision.

Signed Mrs Irene Thompson

Licensed Embalmer No. 328

P. O. Address Madison, Me

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

If this body is not embalmed, fact should be so stated above.