

FILED MAR 23 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Nodaway Co.
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(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 Mo (b) County Holt 3/4
(c) City or town Maillard
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Allie M. Sapp

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex 71

5. Color or race W

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

6. (b) Name of husband or wife Chas. M.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 19, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Nodaway Co. U. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert S. Mc Neal

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

14. Maiden name Elizabeth Windsor

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

16. (a) Informant Chas M. Sapp

(b) Address Maillard Mo

17. (a) Burial (b) Date thereof May 1 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maillard Mo

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) May 1, 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1942 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from 4-27
1942 to 4-29 1942

that I last saw her alive on 4-29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiparesis
Chr Myocarditis
Chr Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1218

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. M. Jacobs (M. D. or other) _____

Address Maryville Date signed 5-1-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

74
1
2

MOTHER FATHER

1268

0781

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.....

Clara M. Purie

Licensed Embalmer No.....

1822

P. O. Address.....

Mayville, 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, fact should be so stated above.