

FILED SEP 11 1942

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Greentop Mo.
(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 _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Greentop MO
(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.

3. (a) PRINT FULL NAME James Sherman Clapper

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8- day 10-
year 1942 hour 7:30 minute _____ M.

21. I hereby certify that I attended the deceased from June 21-1940
19____ to 8-10- 1942
that I last saw him alive on 8-8-42 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Wife Deceased

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

Immediate cause of death
Carcinoma of stomach

Due to _____

Due to _____

7. Birth date of deceased Nov. 21 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

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

Major findings: 466

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Merchant

11. Industry or business Same

MOTHER FATHER {

12. Name James Clapper

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

14. Maiden name Amanda Ettleman
(City, town, or county) (State or foreign country)

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

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? _____

16. (a) Informant Mrs. Clarence Shaw

(b) Address Greentop, Mo.

17. (a) Burial (b) Date thereof Aug 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greentop Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 211 N. 1st St. Greentop, Mo.

19. (a) 8.11.42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. P. Ellis (M. D. or other) _____
Address Turnersville, Mo. Date signed 8-11-42

RECEIVED

District Health Officer **N 10**

District File Number 9-42-1690

Date Filed SEP - 8 1942

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

Wm J West

Licensed Embalmer No.

2882

P. O. Address

Queencity 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.