

No. 2  
5-42  
5-17-39  
I X32873

FILED OCT 8 1942

State File No. ....

Registration District No. 38

Primary Registration District No. 3.026 5120

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural - Perche  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural - Perche Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 79 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Perche Township  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME EDWIN WALLER SAPP

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 Married

6. (b) Name of husband or wife: Nancy Alice

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: 79 (Month) 7 (Day) 14 (Year)

8. AGE: Years 79 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Morris Sapp

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Watson

15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina E. Richardson

(b) Address Route 1, Rochepart Mo

17. (a) Burial (b) Date thereof 9-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Church

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

(b) Address Columbia Mo

19. (a) 9-18-1942 (b) E. Alma H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1942 hour 4:25 minute A. M.

21. I hereby certify that I attended the deceased from March 1940, to Sept-17- 1942 that I last saw him alive on Sept-16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatic enlargement and Pneumonia July-1942

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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)

(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. C. Suggitt (M. D. or other) D. M. D.  
Address Columbia Date signed 9-18-42

1250

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

1000

**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 W. H. Vander Veeter  
Licensed Embalmer No. 2494  
P. O. Address Columbia, Pa.

**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.**

STANDARD CERTIFICATE OF DEATH

State File No. 29789

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Boone  
 (b) City or town Rural  
 (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)

3. (a) PRINT FULL NAME Edwin Walter Sapp  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar 3 1883  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day \_\_\_\_\_  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
 that I first saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Chronic Duration \_\_\_\_\_

Due to Prostate enlargement and pneumonia July 1942

Due to Bronchial

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

