S. No. 2
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5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1943 128 ~~318~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10255

State File No.

Registration District No. ~~318~~ 128

Primary Registration District No. 5466

Registrar's No. 201

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

39

1. PLACE OF DEATH:

(a) County GREENE

(b) City Rural ~~[illegible]~~ S. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteopath Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield, ~~[illegible]~~
(If outside city or town limits, write "RURAL")

(d) Street No. 1442 W. Lombard
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas S. Napper

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug (Month) 6 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	29	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Vester Napper
(b) Address 1442 W. Lombard Springfiled

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Smart Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.

19. (a) 3-8-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 4, 1943, to Mar 5, 1943; that I last saw him alive on Mar 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia

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.

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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 Dr. P. Andrews Mirot (M. D. or other)
Address Springfield Mo Date signed 3-9-43

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(Licensed Embalmer's Statement on Reverse Side)

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 Body Was Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed Frank Grable Jr

Licensed Embalmer No. 4149

P. O. Address Springfield Mo

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

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

X