

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18577**
Registrar's No. **60**

Registration District No. **5877**

Primary Registration District No. **5877**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
75
0
0

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Piney Twp. Alton
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

In this community 6 years

3. (a) PRINT FULL NAME Billie Bart Clapp

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased June 28 1936
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>6</u>	<u>9</u>	<u>13</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Luke Clapp

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

14. Maiden name Emma Johnson

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

16. (a) Informant Luke Clapp

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof 4/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs Cem.

18. (a) Signature of funeral director Geo. Carr

(b) Address Thayer, Mo.

19. (a) 5/16 1943 (Date received local registrar)

(b) Henry W. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

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

(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 9, 1943, to April 11, 1943;
that I last saw her alive on April 5, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis

Duration 2 weeks

Due to Tow weeks

Due to _____

Other conditions 12/11
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations no

Of autopsy no

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)

23. Signature William E. Allen (M. D. or other)

Address Alton **Date signed** 2/2/43

RECEIVED

District Health Officer No. 5,

District File Number 643355-

Date Filed 6.7.43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.