

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43840

State File No.

FILED JAN 12 1944

Registration District No. 276

Primary Registration District No. 5947

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Temp 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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town St James
(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 Herbert A Clapp

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1943 hour 8:45 minute 2 M.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Lillie Clapp

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 5-16-1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3 - 1943 to Dec 3 - 1943 that I last saw him alive on Dec 3 - 1943 and that death occurred on the date and hour stated above.

8. AGE: 91 Years 6 Months 13 Days If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to Diabetes Mellitus

Duration 1 day

9. Birthplace Wardlester Mass.
(City, town, or county) (State or foreign country)

Due to due

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

10. Usual occupation Shoe pattern maker

Major findings: _____

Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Silas Capps

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Samantha Crawford

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

16. (a) Informant Lillie Capps

(b) Address St James Mo

17. (a) Burial (b) Date thereof 12-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marame cem

18. (a) Signature of funeral director W E Ricklider

(b) Address St James Mo

19. (a) 12-30-1943 (b) Charles Dieker
(Date received local registrar) (Registrar's signature)

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 William H Bruce M. D. on behalf of _____

Address St James, Mo Date signed 12/6/43

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

MOTHER FATHER

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. Licklider

Licensed Embalmer No. 1970

P. O. Address St James 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.