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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27220

Registration District No. 38 Primary Registration District No. 3906 Registrar's No. 184

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(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 Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 500 Rogers St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x /

3. (a) PRINT FULL NAME Clarence Elvin Sappington

3. (b) If veteran, name war no

3. (c) Social Security No. 488-24-6032

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Reba Hudson Sappington

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

7. Birth date of deceased Nov (Month) 17 (Day) 1902 (Year)

8. AGE: Years 41 Months 8 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Crawford Tire Shop

11. Industry or business

FATHER
12. Name James Sappington
13. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mirtie Hilburn
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Reba Hudson Sappington
(b) Address Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director R. Cornell
(b) Address Columbia Mo

19. (a) 8-2-1944 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from July 19 1944 to July 31 1944 that I last saw him alive on July 31 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease Chronic Heart, Myocarditis

Due to Arterio Sclerosis

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.

131 b

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 Stephen D. Smith (M. D. or other)
Address Columbia Date signed 8/1/44

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-18-44

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. ~~3182~~,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3182

P. O. Address Columbia 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.