S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1944

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38285

Primary Registration District No. 4309

Registrar's No. 7

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Southwest City
(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 years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Southwest City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willoughby Pitner Sappington
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 Married
6. (b) Name of husband or wife Mary Sappington
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 9 (Day) 1877 (Year)

8. AGE: Years 77 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Barton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Preston Sappington
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 K. L. Sappington
(b) Address Southwest City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Southwest City Cemetery
18. (a) Signature of funeral director Nichols Brothers By John J. Nichols
(b) Address Southwest City, Missouri
19. (a) Oct. 20, 1944 (Date received local registrar) (b) John J. Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1944 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 10, 1944, to Oct. 18, 1944, that I last saw him alive on Oct. 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to Senility
Due to Acute recurrent gastro-enteritis
Other conditions Bronchial Pneumonia (recovered
(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 R. E. Warnack (M. D. or other) M. D.
Address Southwest City, Mo. Date signed 11-1-4

1336 (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.....

....., 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.