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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9012

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 43

10
2
4

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: Wilhite Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr (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 Rural (If outside city or town limits, write "RURAL")

(d) Street No. Hartsburg Mo R.F.D. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wm Jackson 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 Widowed

6. (b) Name of husband or wife Lizzie Sappington

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

7. Birth date of deceased Feb (Month) 26 (Day) 1867 (Year)

8. AGE: Years 77 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

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

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

16. (a) Informant John Sappington
(b) Address Ashland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant Cemt

18. (a) Signature of funeral director Wm C. Burnett
(b) Address Ashland Mo

19. (a) 2-22-45 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1945 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from February 20, 1945, to Feb 24, 1945; that I last saw him alive on Feb 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 1 day

Due to 9 3d

Due to

Other conditions Arteriosclerosis, chronic (Include pregnancy within 3 months of death) Myocarditis - Had cerebral hemorrhage

Major findings: Of operations 6 yrs ago, was blind & deaf.

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 [illegible] (M. D. or other)

Address Columbia Mo Date signed 2-21-45

12.50

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

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 Le Roy Claypool; Registered Apprentice No. 374, working under my personal supervision.

Signed Wm C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland 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.