V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1926

FILED JUN 29 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 640

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. 9mos. 24days. (Specify whether years, months or days)

In this community Not known.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Marceline.
(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 THOMAS SAPPINGTON

3. (b) If veteran, name war ?

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Divorced

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

7. Birth date of deceased Sept. (Month) 1, (Day) 1877 (Year)

8. AGE: Years 67 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name John W. Sappington
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mariah Bruner
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Records, Hospital.
(b) Address St. Joseph, Missouri.

17. (a) B (Burial, cremation, or removal) (b) Date there 6-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation STATE HISP #2

18. (a) Signature of funeral director Slaney Funeral Home
(b) Address 2335 Frederick Ave. St. Joseph, Mo.

19. (a) 6-12-45 (Date received local registrar) (b) Helen [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1945, hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from May 22, 1945 to June 9, 1945 that I last saw him alive on June 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis. Duration

Due to Lobar pneumonia.

Due to 108

Other conditions (Include pregnancy within 3 months of death) Dementia praecox, paranoid type.

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 C. E. Sulyer (M. D. or other)

Address State Hospital #2, St. Joseph, Mo. Date signed 6-9-45

1377 (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.