S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20688

Registration District No. FILED JUL 9 1945 Primary Registration District No. 5607 Registrar's No. 29

1. PLACE OF DEATH:
(a) County JOHNSON
(b) City or town RURAL KINGSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 MILE N.W. KINGSVILLE MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JOHNSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MILE N.W. KINGSVILLE MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ALBERT C SAPP
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife IDA MAE SAPP
6. (c) Age of husband or wife if alive DECD years
7. Birth date of deceased SEPTEMBER 18 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	19	hr. min.

9. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business ON FARM
MOTHER FATHER
12. Name MILTON SAPP
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)
14. Maiden name MARY JANE POE
15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)
16. (a) Informant RUSSELL SAPP
(b) Address KINGSVILLE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 10 1945 (Month) (Day) (Year)
(c) Place: burial or cremation ~~HOLDEN~~ STRASBURG MO
18. (a) Signature of funeral director Canaday & Rapp
(b) Address HOLDEN MO
19. (a) 6-12-45 (Date received local registrar) (b) Katheryn S. Canaday (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7 year 1945 hour 630 minute P M.
21. I hereby certify that I attended the deceased from May 4, 1938, to June 7, 1945, that I last saw him alive on June 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within three months of death) Bronchial Asthma, Arteriosclerosis	

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 Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 6/12/45

100 2 (Licensed Embalmer's Statement on Reverse Side)

NOV 16 1945

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. M A Canaday

Licensed Embalmer No. 3434

P. O. Address. Holden 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.