DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1945

State File No. 37366

Registration District No. 139 Primary Registration District No. 4223 Registrar's No. 21,

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Maitland Mo
(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
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt

(c) City or town Maitland Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Milton Sapp

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alice Sapp

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

7. Birth date of deceased Dec. 28, 1869
(Month) (Day) (Year)

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name William Sapp,
13. Birthplace not Known
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not Known
15. Birthplace not Known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. A. Lyle
(b) Address Maitland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Maitland Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) Nov 5 (Date received local registrar) (b) Jas Cherry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th
year 1945 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apparently died of apoplexy stroke	
Due to	
Due to	
Other conditions (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 Jas Cherry (M. D. or other)
Address Maitland City Mo Date signed Nov 5 1945

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 11.
District File Number
Date Filed

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, above space should be left blank.