

FILED JAN 5 1946

State File No.

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural-Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 mi. S Alland, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. South of Alland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgie Ann Sappington

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Sappington
6. (c) Age of husband or wife if alive _____ years
Birth date of deceased March 8 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Torser

13. Birthplace Mo. O.
(City, town, or county) (State or foreign country)

14. Maiden name Permelia Clattibuck

15. Birthplace Mo. M.
(City, town, or county) (State or foreign country)

16. (a) Informant Harack Sappington

(b) Address Ashland, Mo.

17. (a) Burial (b) Date thereof Dec 2 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cent.

18. (a) Signature of funeral director Wm C Burnett

(b) Address Ashland, Missouri

19. (a) 12-2-45 (b) Mrs Mildred Burnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1945 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from Nov 23
1945 to Dec 1 1945
that I last saw her alive on Dec 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 101

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. B. Puyot (M. D. or other) _____

Address Ashland Mo Date signed 12-2-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-46

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 *W. M. Burnett*

Licensed Embalmer No. 3564

P. O. Address *Richland 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.