

S. No. 2
1-8-43
5-17-39
1-1-40

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED AUG 1 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24333

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 203

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Narrival
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ELIZABETH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILL (b) County Pike 999
(c) City or town Hull 11
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William E Sapp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st
year 1946 hour _____ minute 12⁰⁰ P.M.
21. I hereby certify that I attended the deceased from June 1 1946
that I last saw him alive on June 1 1946
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16 1875
(Month) (Day) (Year)

Duration _____
Due to Ca of face
Due to _____
Other conditions (Include pregnancy within 3 months of death) 53

8. AGE: Years Months Days If less than one day
71 2 16 hr. _____ min. _____
9. Birthplace Rocky Mt. ILL /
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: Of operations Ca of face
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William N. Sapp
13. Birthplace ILL /
(City, town, or county) (State or foreign country)
14. Maiden name W. K. Row
15. Birthplace _____ /
(City, town, or county) (State or foreign country)

16. (a) Informant Erma Sue
(b) Address Rt 3 Hannibal Mo
17. (a) Burial (b) Date thereof Apr. 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation A.K. Chapel Hannibal
18. (a) Signature of funeral director James O'Donnell
(b) Address Rt 3 Hannibal Mo
19. (a) 6-3-46 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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)
Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____ (d) Means of injury _____
23. Signature W. E. M. Lucke (M. D. or other) _____
Address 1601 N. 1st St Hannibal Mo Date signed 6/2/46

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

60100

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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

Harold M. Powell

Licensed Embalmer No. *3889*

P. O. Address *Hannibal 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.