

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 847

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
921 Cherry (residence) /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Since 1907
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 921 Cherry 6
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH R. H. NAPPER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

7. Birth date of deceased January 29, 1867
(Month) (Day) (Year)

6. (b) Name of husband or wife America Napper (dec) 6. (c) Age of husband or wife if alive 79 years

8. AGE: Years 79 Months 8 Days 22 If less than one day
hr. min.

9. Birthplace Clark County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired teacher

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Clay Napper

13. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Brishaber
(City, town, or county) (State or foreign country)

15. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Napper

(b) Address 921 Cherry

17. (a) Burial (b) Date thereof 10/22/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL SPRINGFIELD, MISSOURI

(b) Address.....

19. (a) 10-22-46 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1946 hour 3 minute..... A.M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to Oct 29 1946, that I last saw him alive on Sept 1 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Trouble Duration.....

Due to Heart Valvular defect

Due to weakness following Hip Fracture 2 years ago

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

Major findings: Of operations none Of autopsy no

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)..... no

(b) Date of occurrence.....

(c) Where did injury occur?..... no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home 2 years ago

While at work? no (Specify type of place) (e) Means of injury..... no

23. Signature U F Kern (M. D. or other).....
Address Springfield MO Date signed Oct 24

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

32111

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..... *E. A. Roof*

Licensed Embalmer No. 3044 3044

P. O. Address..... Springfield, Missouri

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.

x