

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

FILED JAN 17 1948

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 112

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6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Thomas H. Sapp

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race whitie

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased February 24 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

12. Name J. Carl Sapp

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Blam

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

16. (a) Informant Valen Sapp

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 12-6-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Jan 3 - 1948 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1947 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 12-1947 to Dec 4 1947

that I last saw him alive on Dec 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to Chronic Hypertentis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 97%

Of autopsy \_\_\_\_\_

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 E. McRae (M.D. or Physician)

Address Cassville, Mo Date signed 12/19/47

Duration 2 hours

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer  
District File Number 4860  
Date Filed JAN 14 1948

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.