

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2057

State File No. \_\_\_\_\_

Registration District No. 291

Primary Registration District No. 5997

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Lemons Rural Wilson  
(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 \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Lemons Rural 6  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 6

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

3. (a) PRINT FULL NAME John Jett Clapper

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thersa 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 2 23 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

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

12. Name James Clapper

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

14. Maiden name Martha Carder

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

16. (a) Informant Mrs. Brita Colburn

(b) Address 13 0.1 5 Court St. Lemons, Mo.

17. (a) Burial (b) Date thereof 1-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lemons Cem.

18. (a) Signature of funeral director Harold T. ...

(b) Address Unionville Mo.

19. (a) 2-2-48 (b) Marvell Durbin  
(Date received local registrar) (Registrar's signature) State

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28  
year 1948 hour 1:45 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 28 1948 to Jan 28 1948  
that I last saw him alive on Jan 28 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 week

Due to arteriosclerosis of hypertensive 20 years

Due to chronic glomerulonephritis 20 years

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
131

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? 2

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

23. Signature Chas. J. Judd M. D. or other Do.

Address Unionville Mo. Date signed 1-29-48

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

RECEIVED  
District Health Officer No.  
District File Number 2-48-303  
FEB 11 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 F. O. Husted  
Licensed Embalmer No. 2975  
P. O. Address Unionville

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.