

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7880

MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5306</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cole</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Mation</u>		c. LENGTH (OF STAY (in this place) <u>47 yrs</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Mation</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles N-W. of Elston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles N-W. of Elston</u>				d. STREET ADDRESS (If rural, give location) <u>5 Miles N-W. of Elston</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Kenneth E.</u>		b. (Middle) <u>Sapp</u>		c. (Last) _____	
4. DATE OF DEATH		a. (Month) _____		b. (Day) _____		c. (Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 12, 1904</u>		9. AGE (In years last birthday) <u>47</u> if UNDER 1 YEAR Months <u>10</u> Days <u>25</u> if UNDER 1 WEEK Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Sapp</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Taggart</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World II</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ollie Knipe - Cole County, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pernicious anemia was sufficient</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				Years <u>5</u>	
		DUE TO (b) <u>Cachexia</u>					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>51</u> , to <u>March 7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 7</u> , 19 <u>52</u> , and that death occurred at <u>2:37 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carleton Whiffield, D.O.</u>		(Degree or title) _____		23b. ADDRESS <u>Carleton Whiffield, D.O.</u>		23c. DATE SIGNED <u>3/9/52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 10</u>		REGISTRAR'S SIGNATURE <u>Mrs. Munnie Kittermeyer</u>		70-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Lewis - 207 1/2</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Merryfield

FEB 7 1953

MAR 22 1953

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. B. Anderson

Licensed Embalmer No. 3641

P. O. Address June

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.