

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Franklin   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Franklin |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Clair |  | c. CITY OR TOWN St. Clair  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION at Home   |  | e. STREET ADDRESS (If rural, give location) St. Clair, Mo. 0360  |  |

|  |             |                  |  |
|--|-------------|------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) August | b. (Middle) | c. (Last) La Pee | 4. DATE OF DEATH (Month) (Day) (Year)<br>June 9th 1954 |
|--|-------------|------------------|--|

|             |                        |  |                              |                                    |  |  |                                     |
|-------------|------------------------|--|------------------------------|------------------------------------|--|--|-------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Aug-15-1881 | 9. AGE (In years last birthday) 73 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | 11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|-------------|------------------------|--|------------------------------|------------------------------------|--|--|-------------------------------------|

|                                    |                                  |                                   |
|------------------------------------|----------------------------------|-----------------------------------|
| 13a. FATHER'S NAME Alexander LaPee | 13b. MOTHER'S MAIDEN NAME Deaver | 14. NAME OF HUSBAND OR WIFE Betty |
|------------------------------------|----------------------------------|-----------------------------------|

|   |                              |   |                      |
|---|------------------------------|---|----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME E. S. Perkins | ADDRESS St. Clair Mo |
|---|------------------------------|---|----------------------|

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|--|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) 8<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nutritional Deficiency |  | INTERVAL BETWEEN ONSET AND DEATH 3 months |
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|                        |                                       |  |
|------------------------|---------------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 157X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-2-1954, to 6-9-1954, that I last saw the deceased alive on 6-9-1954 and that death occurred at 9:40 a.m., from the causes and on the date stated above.

|   |                            |                          |
|---|----------------------------|--------------------------|
| 23a. SIGNATURE Dr. W. E. Kitchell, M.D. | 23b. ADDRESS St. Clair, Mo | 23c. DATE SIGNED 6/11-54 |
|---|----------------------------|--------------------------|

|  |                         |   |   |
|--|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 12, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) Lone Dell, Missouri |
|--|-------------------------|---|---|

|                                  |                                      |                                      |                        |
|----------------------------------|--------------------------------------|--------------------------------------|------------------------|
| DATE REC'D BY LOCAL REG. 6-12-54 | REGISTRAR'S SIGNATURE William C. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ... | ADDRESS St. Clair, Mo. |
|----------------------------------|--------------------------------------|--------------------------------------|------------------------|

96-0

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *Sherrill W. Kitchell*

Licensed Embalmer No. *38*

P. O. Address *St. Clair,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.