

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50-M-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21490
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 213
 (b) Township Salem Primary Registration District No. 5152
 (c) City Cedar City (d) Street No. Cedar City Mo. Registered No. 2
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Francis Sapp 100
 (a) Residence, No. Cedar City Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED August Sapp
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26/1873
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
65 4 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland Mo
Boone Co.
 13. NAME W.R. Old
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland, Mo.
 15. MAIDEN NAME Virginia Nichols
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland Mo.
 17. INFORMANT (ADDRESS) Mrs Herbert Jenkins
Cedar City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pleasant DATE 6/6/38
 19. FUNERAL DIRECTOR (ADDRESS) Breacher Funeral Home
Jefferson City Mo.
 20. FILED 6/13/38 1938 S. B. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938
 22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1938, to June 4, 1938
 I last saw him alive on June 4, 1938 Death is said to have occurred on the date stated above, at 9:00 m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Myocardial insufficiency
92
 Other contributory causes of importance:
Cerebral hemorrhage
 Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify.....
 (Signed) H. B. Fryer, M. D.
 (Address) Oakland, Mo.

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

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.)