

**APR 15 1940**

Registration District No. 71

Primary Registration District No. 5110A

Registrar's No. 3

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Ashland - mo Rural  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Ashland Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Life years.

3. (a) PRINT FULL NAME William Dudley SAPP  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 19<sup>th</sup>  
year 1940 hour 9 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single  
6. (c) Age of husband or wife if alive Single years  
7. Birth date of deceased June 6<sup>th</sup> 1847  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1939 to Jan 19 1940  
that I last saw him alive on Jan 1 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary occlusion  
dissecting

8. AGE: Years 92 Months 7 Days 13  
If less than one day hr. min.

Due to 9410

9. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Henry Sapp

18. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name ANN L SAPP

15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J S Glascock

(b) Address Ashland Mo

17. (a) Burial (b) Date thereof Jan 21 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director R. Quireatt

(b) Address Columbia Mo

19. (a) Feb 1, 1940 (b) Francis Nichols  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 H. P. Pryor (M. D. or other)  
Address Ashland Mo Date signed 1-20-40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.

**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..... *A. W. [Signature]*

Licensed Embalmer No. *3183*

P. O. Address..... *Columbia*

**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, above space should be left blank.**