

FILED FEB 19 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH2612
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Painia Primary Registration District No. 5553B Registered No. 6
 (c) City Little Blue (d) Street No. Jackson County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 1217 W. South Ave. Indep. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Eva M. Sapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Painter & Paperhanger
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) Illinois 1

FATHER 13. NAME James Sapp 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland 1

MOTHER 15. MAIDEN NAME Amy Thaller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Eva M. Sapp
1217 W. South Ave. Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 1/19/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George B. Carson
Independence, Mo.

20. FILED 1/18/40 Sara S. Barnes Local Registrar
132 W. 10th

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1940, to Jan. 16, 1940

I last saw him alive on Jan. 16, 1940 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Acute pulmonary edema 1-2-40
Date of onset

Other contributory causes of importance: 196 W
11

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-12-1940

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 Fall on head from ladder

Nature of injury Rupture of Vertebral Vessels

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Yes

(Signed) Frank E. Dehner M. D.

(Address) Little Blue, Mo.

Jackson Co. Hospital

(Use the Registrar's Statement on Reverse Side)

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.....

Ray Martin....., Registered Apprentice No. *199*
working under my personal supervision.

Signed *Frankie Paul*.....

Licensed Embalmer No. *2467*

P. O. Address *Independence, Mo.*

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.