V. S. No. 2
M—11-10-39
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FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9926

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1360

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5400 Independence Ave. K.C.Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City. (If outside city or town limits write "RURAL")

(d) Street No. 1809 Winchester. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Kenneth Wayne Sapp 100

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXXXXXX

6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased March (Month) 16 (Day) 1940 (Year)

8. AGE: Years | Months | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Baby

11. Industry or business XXXXXX

FATHER
12. Name Davie B. Sapp
13. Birthplace Hermitage Hickory County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Olive Street
15. Birthplace Wheatland Hickory County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Davie Sapp

(b) Address 1809 Winchester, K.C.mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Weaubleaw, Missouri

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Independence Ave. K.C.Mo.

19. (a) Mch 27, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 3-26-40

year ..... hour ..... minute 6:00 P. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw the alive on ..... 19...; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Congenital heart disease

Due to (Patent ductus arteriosis)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

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? (Specify type of place)

While at work? Means of injury

23. Signature Victor W. Mahler (M. D. or other)

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. Farrell Shi

Licensed Embalmer No.....

P. O. Address.....

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.