S. No. 2
—4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38718

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 925

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

FILED DEC 16 1940

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 days (Specify whether
In this community Life time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 707 N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida May Napper

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Thomas Napper

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. (Month) 18, (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	28	hr. min.

9. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

10. Usual occupation House- wife

11. Industry or business

FATHER
12. Name Sam Angus
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Nancy Lent
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Vester Napper
(b) Address 707 N. Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Smart Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield

19. (a) 11-17-40. (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16, year 1940 hour 7 minute 05 A M.

21. I hereby certify that I attended the deceased from 11/10, 1940, to 11/16, 1940
that I last saw her alive on 11/15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Not known

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? (e) Means of injury

23. Signature Max Sitch (M. D. or other) M.D.
Address Springfield 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 Floyd W. Fox

Licensed Embalmer No. 7910

P. O. Address 129 W Walnut

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, fact should be so stated above. X