

FILED AUG 16 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4012 Holmes Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 18 years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4012 Holmes Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Clarence E. Sapp

3. (b) If veteran, name war No 3. (c) Social Security No. 487-05-6465

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Effie Irene Sapp 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. July 29, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Building material

11. Industry or business.....

12. Name Richard Sapp

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnston

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Irene Sapp

(b) Address 4012 Holmes Street

17. (a) Burial (b) Date thereof 7-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Freeman Mortuary

18. (a) Signature of funeral director.....
(b) Address 104 West 42nd Street

19. (a) 7-29-41 (b) M. M. Groom
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Myocardial Infarction

D. Acute coronary occlusion

Due to 94a
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations.....
Of autopsy.....

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) Cause of injury.....

23. Signature Orville W. Richter (M. D. or other) 3
Address K-C-Mo Date signed.....

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

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

18
3
8

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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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address Kansas City

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.