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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33522

State File No. 33522

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 81

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: Kearney Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All his life.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clay
(c) City or town: Kearney Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Chas. Louis Tapp
3. (b) If veteran, name war: ✓
3. (c) Social Security No. .....
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec (Month) 21st (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	4	..... hr. ..... min.

9. Birthplace: Clay Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Stockman
FATHER
12. Name: Louis H. Tapp
13. Birthplace: Clay Co Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Laura F. Haynes
15. Birthplace: Ky (City, town, or county) / (State or foreign country)
16. (a) Informant: Mrs H. Tapp
(b) Address: Kearney
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview cemetery - Liberty
18. (a) Signature of funeral director: Lemon & Fry
(b) Address: Kearney Mo
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th year 1942 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration

Due to: Coroner

Due to: 9-4-A

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: Coroner
Of autopsy:

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): Coronary thrombosis
(b) Date of occurrence: 10-25-1942
(c) Where did injury occur? R.F.D. (City or town) Kearney (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm, 4 mi. so. Kearney Mo. (Specify type of place)
While at work? no (e) Means of injury: .....
23. Signature: R.W. Crocker Coroner (M. D. or other)
Address: Excelsior Springs Mo. Date signed: 10-25-42

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 11-6-42

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 Leonard Fory

Licensed Embalmer No. 1677

P. O. Address Kearney Neb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
0M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33 522

Registration District No. Clay — Primary Registration District No. 5290 — Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County: Kearney

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

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Chas Louis Tapp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec (Month) 21 (Day) (Year)

8. AGE: Years 71 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Oct. 26, 1942 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day

year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY