S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13399

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1842

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:
3834 Paseo - 3rd Floor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -------- (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3834 Paseo - 3rd Floor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------- 0

3. (a) PRINT FULL NAME Mr. John Warder Schlapper

3. (b) If veteran, name war No

3. (c) Social Security No. 495-20-5242

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. LaRetta Schlapper

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 29 (Day) 1885 (Year)

8. AGE: Years 57 Months 9 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Osceola (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Elgin Sewing Machine Company

FATHER
12. Name William P. Slapper
13. Birthplace Rockford (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Lavra Young
15. Birthplace Osceola (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. LaRetta Schlapper
(b) Address 3834 Paseo - 3rd Floor

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1943 hour 8 minute 15 A. M.

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

Immediate cause of death Chronic myocarditis

Due to Generalized arterio-sclerosis

Due to 93 D

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? (e) Means of injury

23. Signature M. D. Hill (M. D. or other)
Address By Bruce Sherwood, M.D. Date signed

(Licensed Embalmer's Statement on Reverse Side) Path. St. Joseph Hosp. K.C., Mo.

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 C. Hervey Quisenberry

Licensed Embalmer No. 4020

P. O. Address KC 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, fact should be so stated above.