S. No. 2
M—5-42
5-17-39
I X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13657

FILED MAY 11 1943

Registration District No. 38 Primary Registration District No. 3006-5120 Registrar's No. 103

10
2
4

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Ashland Mo R#2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month 7 Dgs (Specify whether In this community 1 Month 7 Dgs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. R#2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME SAPPINGTON. WILLIAM F.

3. (b) If veteran, name war

3. (c) Social Security No. 486-18-2171

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Eva (Griffin) Wife

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

7. Birth date of deceased September (Month) 18 (Day) 1905 (Year)

8. AGE: Years 37 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Boone Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Sappington
13. Birthplace Boone Co. Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Cora Carter
15. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. William Sappington (Wife)

(b) Address Ashland Mo R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Cem

18. (a) Signature of funeral director Wm C. Burnett

(b) Address Ashland Mo

19. (a) 4-19-43 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1943 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from March 12, 1943, to April 19, 1943; that I last saw him alive on April 19, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Herpes Zoster c̄ Secondary Infection	10 days.
Due to Hodgkins Disease	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

44 D

Major findings: Of operations Excised Lymph node showed Hodgkins Disease

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)

(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 H. M. Wiley (M. D. [redacted])

Address Columbia, Mo. Date signed 4-19-43

12 50 (Licensed Embalmer's Statement on Reverse Side)

JUN 14 1957

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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland 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.