

7. S. No. 2  
OM-5-42  
5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17355

State File No. \_\_\_\_\_

Registrar's No. 120

FILED JUN 1 1943

Registration District No. 38

Primary Registration District No. 3006

10  
2  
4

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gladys F. Hudson Sapp

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Guy H. Sapp

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

7. Birth date of deceased Aug 16th 1920  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>8</u>	<u>21</u>	<u>          </u> hr. <u>          </u> min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J. H. Hudson

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

14. Maiden name Georgia P. Blythe

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

16. (a) Informant J. H. Hudson

(b) Address R. R. Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director R. R. [Signature]

(b) Address Columbia

19. (a) 5-10-43 (Date received local registrar) (b) E. dna H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia  
(If outside city or town limits, write "RURAL") 2

(d) Street No. \_\_\_\_\_  
(If rural, give location) 4

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day May  
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 5/5/43  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on 5/7/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure 2 days

Due to Toxemia pregnancy 5 days

Due to \_\_\_\_\_

Other conditions 149 lb  
(Include pregnancy within 3 months of death)

Major findings: Cesarean Section 5/5/43

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) Means of injury Med

23. Signature Gladys Sapp (M. D. or other) Med

Address Columbia Mo Date signed 5/7/43

1250

APR 11 1944

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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.....

*R. Powell*

Licensed Embalmer No.....

*3183*

P. O. Address.....

*Columbia 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.**