

No. 2  
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-17-39  
x32571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. <sup>31171</sup>

FILED OCT 11 1943

Registration District No. 38

Primary Registration District No. 32.6-5220

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Woodlandville, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community 77 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Woodlandville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANCY ALICE SAPP

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife E.W. Sapp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 - 9 - 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER { 12. Name William Pauley  
13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Bennett  
15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hulen Richardson  
(b) Address Woodlandville, Mo.

17. (a) Burial (b) Date thereof 9-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Parson Funeral Service  
(b) Address Columbia, Mo.

19. (a) 9/10 '43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6  
year 1943 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from May - 1  
1940 to Sept 11 - 1943  
that I last saw her alive on Aug - 16 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Myocarditis chronic  
Nephritis chronic

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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) Means of injury \_\_\_\_\_

23. Signature J.T. Siggitt (M. D. or other) M.D.  
Address Columbia, Mo. Date signed 9-8-43

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

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

**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 *W. S. Pittsides*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Calumet, Ill.*.....

**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.**