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4-41
7-39
X28390

FILED FEB 22 1944
Registration District No. _____

Primary Registration District No. 5805

Registrar's No. 3

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JEFFERSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 89 YRS.
In this community 4 MI. E. OF STOUTSVILLE
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MI. E. OF STOUTSVILLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10
year 1944 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Dec 31, 1943 to Jan 10, 1944
that I last saw him alive on Jan 09, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Flu Duration 11 days

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 330

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)
(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. B. Perry (M. D. or other) _____
Address PERRY, MO. Date signed 1-10-44

3. (a) PRINT FULL NAME JOHN POISES CLAPPER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JENNETTA M. CLAPPER 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased. JAN. 17, 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN P. CLAPPER

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

14. Maiden name RACHEL WATHMAN

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

16. (a) Informant Mrs Leon Ely

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof JAN. 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOUTSVILLE, MO.

18. (a) Signature of funeral director Speed Blakey

(b) Address PARIS, MO.

19. (a) 1-10-44 (b) Magn Gaston
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-44-396

Date Filed FEB 8 1944

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 Al. Blakey
Licensed Embalmer No. 2414
P. O. Address PARIS, 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.