

S. No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28089**
Registrar's No. **57**

FILED SEP 12, 1944
Registration District No. **163**

Primary Registration District No. **3021**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **DeSoto**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **30 Years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **999**
(c) City or town **Fort Leavenworth**
(If outside city or town limits, write "RURAL") **14**
(d) Street No. **Camp Ft. Leavenworth**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **2**
If yes, name country _____

3. (a) PRINT **W. Earl Nappier**
FULL NAME

3. (b) If veteran, name war **World War 2** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Thelma McCough** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **March 22 1910**
(Month) (Day) (Year)

8. AGE: Years **34** Months **4** Days **19** If less than one day hr. min.

9. Birthplace **Franklin Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Man**

11. Industry or business **U.S. Army**

MOTHER FATHER
12. Name **John Nappier**
13. Birthplace **Franklin Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mollie Alexander**
15. Birthplace **Franklin Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Nappier**
(b) Address **DeSoto Mo**

17. (a) **Burial** (b) Date thereof **AUG. 14, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DeSoto (Woodlawn)**

18. (a) Signature of funeral director **Lee Mothershead**

(b) Address **DeSoto, Mo.**

19. (a) **8-15-44** (b) **Tom Spencer**
(Date received local registrar) (Registrar Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **11**
year **1944** hour **7** minute **30 p.** M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 **from a bullet fired out of a gun by his own hand** Duration _____

Due to _____

Due to **164C**

Other conditions _____
(Include pregnancy within 3 months of death)

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) **suicide**

(b) Date of occurrence **Aug 11, 1944**

(c) Where did injury occur? **DeSoto Jefferson Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in public place
(Specify type of place) (e) Means of injury _____

23. Signature **Donald B. Dietrich** (M.D.) **Carver**

Address **DeSoto Mo.** Date signed **Aug 14, 1944**

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(Licensed Embalmer's Statement on Reverse Side)

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

