

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12800**

FILED MAY 15 1945

Registration District No. **3006** Primary Registration District No. **3006** Registrar's No. **102**

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Columbia**
(c) Name of hospital or institution: **Noyes Hosp**
(d) Length of stay: In hospital or institution **8 hours**
In this community **life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Boone**
(c) City or town **Columbia**
(d) Street No. **Route 4**
(e) Citizen of foreign country? **x**

3. (a) PRINT FULL NAME **Russell Harris Sapp**
3. (b) If veteran, name war **x**
3. (c) Social Security No. **x**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **13th**
year **1945** hour **3:40** minute **P** M.
21. I hereby certify that I attended the deceased from **Apr 9** 19**45** to **Apr 13** 19**45**
that I last saw him alive on **Apr 13** 19**45**
and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **Child**
6. (b) Name of husband or wife **Child**
6. (c) Age of husband or wife if alive **x** years
7. Birth date of deceased: **May 5th 1943**

Immediate cause of death: **Chorea**
Due to **ruptured appendix**
Other conditions: **129**
Major findings: **129**
Of operations: **129**
Of autopsy: **129**

8. AGE: Years **1** Months **11** Days **8**
If less than one day **x** hr. **x** min.

9. Birthplace: **Boone Co. Mo**

10. Usual occupation: **Child**

11. Industry or business: **Child**

12. Name: **Guy Sapp**

13. Birthplace: **Boone Co. Mo**

14. Maiden name: **Gladys Hudson**

15. Birthplace: **Boone Co. Mo**

16. (a) Informant: **Mr J H Hudson**
(b) Address: **R 4 Columbia**

17. (c) **Burial** (b) Date thereof: **April 19 1945**
(c) Place: burial or cremation: **Mt Pleasant**

18. (a) Signature of funeral director: **R Jewell**
(b) Address: **Columbia, Mo**
19. (a) **4-17-1945** (b) **Edna H. Barber**

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? _____
(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: **0**
23. Signature: **H B Poy** (M. D. or other) _____
Address: **Columbia Mo** Date signed: **4-18-45**

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

MAY 1 1945

134

11-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-14-45

JUN 11 1945

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 *T. O'Brien*

Licensed Embalmer No. 3183

P. O. Address _____

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.