. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24757

State File No. 24757

FILED AUG 10 1945

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 45

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Unionville (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oden Henry Clapper
3. (b) If veteran, name war No
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 Eva Clapper
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased September (Month) 9 (Day) 1882 (Year)
8. AGE: Years 62 Months 10 Days 9 If less than one day hr. min.
9. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Pool Hall Operator
11. Industry or business
MOTHER FATHER
12. Name Lewis A Clapper
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Crumpacker
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Eva Clapper
(b) Address Unionville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By John N. Comstock
19. (a) [illegible] (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 27, 1945 to July 12, 1945 that I last saw him alive on July 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 months
Due to: Arterio-sclerosis	
Due to: Hypertension	
Due to: Chronic glomerulonephritis	
Other conditions (Include pregnancy within 3 months of death): Cerebral softening & thrombosis	
Major findings: Of operation: Hemorrhage & repeated hemorrhages.	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas L. Judd (M. D. or other) D.O.
Address Unionville, Mo. Date signed 7-14-45

1099 (Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

AUG 10 1945

RECEIVED
District Health Officer No. 10
District File Number 8-45-1205
Date Filed AUG 9 1945

FEB 24 1950

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.