

No. 2
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5-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5044

FILED FEB 27 1946

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 48

1. PLACE OF DEATH: *Jeff. Sapp.*

(a) County *Cole*

(b) City or town *Jefferson City*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution *Hough Park Road 1*
(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) *20 years*

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Cole*

(c) City or town *Jefferson City*
(If outside city or town limits, write "RURAL")

(d) Street No. *Hough Park Road*
(If rural, give location)

(e) Citizen of foreign country? *No.* (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME *Maribel Sapp*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month *Feb* day *16* year *1946* hour *9* minute *45* AM

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

6. (b) Name of husband or wife *Edman* 6. (c) Age of husband or wife if alive *76* years

7. Birth date of deceased *Jan 11 1871*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *20th* 19*46* to *Feb 14* 19*46* and that death occurred on the date and hour stated above.

8. AGE: Years *75* Months *1* Days *5* If less than one day _____ hr. _____ min.

Immediate cause of death *Granition* Duration *2 wks*

Due to *Broncho pneumonia* *2 wks*

Due to *Senility*

9. Birthplace *Quenaville Indiana*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housework*

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business *at home*

12. Name *W. R. Johnson*

13. Birthplace *Salmon County Ind.*
(City, town, or county) (State or foreign country)

14. Maiden name *W. John Harmon*

15. Birthplace *Salmon County Ind.*
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy *107*

16. (a) Informant *Mrs. Frank Nichols*

(b) Address *1409 Adams Jeff. City Mo.*

17. (a) *Burial* (b) Date thereof *2-18-46*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Spoken Mo.*

18. (a) Signature of funeral director *James Service*

(b) Address *200 Jefferson*

19. (a) *2-18-46* (b) *R. P. Davis MD*
(Date received local registrar) (Registrar's signature)

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 *0*

23. Signature *H. Kanagawa* (M. D. or other) *MD*

Address *1 Ballmeys* Date signed *2/16/46*

Duration

2 wks

2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4043

306

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 2-26-46

Handwritten notes and signatures in the upper left quadrant, including a date stamp "DEC 2 1952".

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 *[Signature]*

Licensed Embalmer No. 3641

P. O. Address *[Signature]*

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.