S. No. 2
M—8-43
. 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

State File No. 29855

FILED SEP 30 1946

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Kearney Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H Tapp
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov (Month) 1 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	10	16	hr. min.

9. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming Stock man
FATHER
12. Name Louis W. Tapp
13. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Laurath F Haynes
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Ruth Tapp
(b) Address Kearney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem
18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) Sept 19-46 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th year 1946 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes — Duration
Due to Coroners case
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Coroners case

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) Diabetes
(b) Date of occurrence Sept. 17 - 1946
(c) Where did injury occur? 3 Mi. So. Kearney Clay Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on Farm (Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Brather Coroner (M. D. or other)
Address Excelsior Springs Mo Date signed 9-17-46

6T

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-28-46

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.