

S. No. 2
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5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8334**

FILED APR 14 1947
Registration District No. **71**

Primary Registration District No. **3011**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution:
2nd + Mead St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

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

(d) Street No. 2nd + Mead St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Lula Tapp

3. (b) If veteran, name war r 3. (c) Social Security No. L

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Tapp alive _____ years 6. (c) Age of husband or wife if

7. Birth date of deceased no record, about 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1947 hour _____ minute 12:10 P.M.

21. I hereby certify that I attended the deceased from March 25, 1947 to March 30, 1947; that I last saw her alive on March 30, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 4 20 ? ? hr. min.

Immediate cause of death Pneumonia - Paranecho

Due to _____

Due to _____

Other conditions (include pregnancy within 9 months of death) _____

9. Birthplace: Clinton Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Jerden Johnson

13. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Evel Tapp

(b) Address Cameron

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Robert James Stone

(b) Address Cameron

19. (a) 4-1-47 (b) Mrs Willie James
(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 _____

23. Signature M. Roberts (M. D. or other) Mo

Address Cameron Mo Date signed Mar 31/47

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *W. D. Nelson*.....
Licensed Embalmer No. *4421*.....
P. O. Address. *Cameron*.....

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.