

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20452

2756

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 45 YEARS		d. STREET ADDRESS (If rural, give location) 8008 EUCLID AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8008 EUCLID AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIS b. (Middle) O c. (Last) SAPP			4. DATE OF DEATH (Month) (Day) (Year) JUNE-18-1950		
--	--	--	---	--	--

5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL-10-1881		9. AGE (In years last birthday) 68 69		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Min.	
--------------------	--	-------------------------------	--	---	--	---------------------------------------	--	--	--	-------------------------	--	-----------------------	--	------------------------	--	-----------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY W.O. SAPP LINES SUPPLY		11. BIRTHPLACE (State or foreign country) ANDREW COUNTY, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A			
--	--	---	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME REV. WILLIS M. SAPP			13b. MOTHER'S MAIDEN NAME ELIZABETH HALL			14. NAME OF HUSBAND OR WIFE ONA SAPP		
---	--	--	---	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. ONA SAPP		ADDRESS 8008 EUCLID AVE KANSAS CITY, MO	
---	--	-------------------------------------	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Coronary Occlusion				2 hours	
		ANTECEDENT CAUSES		DUE TO (b) Hypertension					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Generalized arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS		Dividinal bleed				4201	
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **8 March 1950** to **18 June 1950** that I last saw the deceased alive on **18 June 1950** and that death occurred at **10:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Stan B. Willoughby		23b. ADDRESS Prof Bldg KC Mo		23c. DATE SIGNED 19 June 50	
--	--	-------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-21-1950		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
---	--	-------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 6-21-50		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE P.W. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK DR KANSAS CITY, MO.	
---	--	---	--	--	--	---	--

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

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....

Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City,*

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.