

FILED JAN 5 1946

Registration District No. 222

Primary Registration District No. 4333

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town Clarksburg Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT
FULL NAME

Emily Sappington

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Aug. 29 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 24 _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business

12. Name Hartley Sappington
13. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jael Raynolds Woods
15. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. R. Flint
(b) Address California Mo.

17. (a) Burial (b) Date thereof 12-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director: Wm. L. E. Williams

(b) Address California Mo.

19. (a) 12/28/45 (b) Burdie Sturgis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town Clarksburg Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1945 hour 11:30 minute 2 M.
21. I hereby certify that I attended the deceased from Dec 20
1945 to Dec 23 1945
that I last saw him alive on Dec 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Heart
block (Thrombosis)

Due to Influenza
Due to _____

Other conditions Deformity
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940
Of autopsy _____

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)
(Specify type of place) (d) Means of injury C

23. Signature L. L. Latham (M. D. or other)
Address California Mo. Date signed 12-27-45

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

1-3-46

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

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address

California 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.