

FILED JUL 23 1942

Primary Registration District No. 41-285291

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Centertown, Mo. Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 80 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Centertown, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Addison Sapp

3. (b) If veteran, name war No 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 Sarah E. Sapp 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 18 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	1	21	hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John Sapp

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

14. Maiden name Nancy E. Crane

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Sapp
(b) Address notation

17. (a) Burial (b) Date thereof July 11 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 7/10/42 (b) J. J. Wetthaus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Oct. 3
10 to July 9 14
that I last saw him alive on July 9-1942 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning
Due to Advanced glomerulo-nephritis.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy None

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 J. T. Hillier (M.D. or other) MD
Address Centertown, Mo. Date signed 7-10-42

Duration

6 days
20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
00

196

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.....

Earl R. Borulin

Licensed Embalmer No.....

2126

P. O. Address.....

Salisbury, Md

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.