

FILED FEB 13 1943

Registration District No. 2224

Primary Registration District No. 3046

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California  
(c) Name of hospital or institution Latham & Santorum  
(d) Length of stay: One month  
all His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau  
(c) City or town California  
(d) Street No. ....  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME OF

Howard Green Sappington

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

4. Sex Male

5. Color or face W

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive: .....

7. Birth date of deceased: Oct 30 1858

8. AGE: Years 84 Months 3 Days 4

If less than one day hr. min. ....

9. Birthplace: Moniteau Mo

10. Usual occupation: Farmer

11. Industry or business: .....

12. Name: James Sappington

MOTHER FATHER

13. Birthplace: Calif

14. Maiden name: Susan Wood

15. Birthplace: Calif

16. (a) Informant: Clayde Sappington

(b) Address: California

17. (a) (Burial, cremation, or removal): Burial

(b) Date thereof: 2/5/43

(c) Place: burial or cremation: Woodman Cem

18. (a) Signature of funeral director: W. L. Latham

(b) Address: California

19. (a) 2-3-43 (Date received local registrar)

(b) W. L. Latham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 30 1942 to Feb 3 1943  
that I last saw him alive on 10 AM 7/3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis  
Due to: Failure and types  
Diabetes  
Due to: .....

Other conditions: 131 lb  
(Include pregnancy within 3 months of death)

Major findings: Of operations: .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

23. Signature: W. L. Latham (M. D. or other) Address: California Mo Date signed: 2/3

Duration 1 year

PHYSICIAN Underline the cause to which death should be charged statistically.

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

1312

**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 Me

**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.

*[Handwritten scribbles]*  
24-8-6