

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43830

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 574
(b) Township Arison Primary Registration District No. 07790 Registered No. 44
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lucey Jane Sappington
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Sappington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 2 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo
13. NAME Benjamin Mc Cottister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont
15. MAIDEN NAME Elizabeth Norman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT Lilyde Sappington
(ADDRESS) California Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodman Cem DATE 12/30 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Williamst Friedman
California Mo
20. FILED 12-30 1938 Jewell W. Phillips Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28 1938

I HEREBY CERTIFY, That I attended deceased from _____, 1938, to _____, 19____
I last saw him alive on 12/22, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

?Other contributory causes of importance: 162

Name of operation _____ Date of _____
What test confirmed diagnosis? Alumina Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. D. Walker, M. D.

(Address) Fredon 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 HE Friedmeyer

Licensed Embalmer No. 2854

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, above space should be left blank.