

FILE FEB 13 1940

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

1585
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 45
(b) Township Milford Primary Registration District No. 5067
(c) City..... (d) Street No..... Registered No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM - SYLVESTER RAPP

(a) Residence, No. Sheldon mo R.F.D # 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Margaret Loukin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer
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) Geney Ill. 1.

FATHER 13. NAME John J. Rapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penns 1

MOTHER 15. MAIDEN NAME Mary A. Walton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penns.

17. INFORMANT (ADDRESS) Mary Milton Sheldon mo R.F.D 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Branch DATE Dec 26 1939

19. FUNERAL DIRECTOR (ADDRESS) G. B. Beery & Sons Sheldon mo

20. FILED Dec 26 1939 Edna L. Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938 to Dec 22 1939
I last saw him alive on Sept 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Parkinson's disease
Terminal Pneumonia
Date of onset

Other contributory causes of importance: JTB

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes
If so, specify Sheldon mo
(Signed) Thomas G. Sweet, M. D.
92 (Address) Sheldon, mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6
W.S.

RECEIVED

District Health Officer No. 6,

District File Number 240-389

Date Filed FEB 12 1940

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beeny, Licensed Embalmer No. 2385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Was not Embalmed

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed Carroll T. Beeny

Licensed Embalmer No.....

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.)