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

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30922

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3485

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2308 Poplar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Infant John Vincent Rupp
3. (b) If veteran, name war: XX
3. (c) Social Security No.: XX
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Sgl
6. (b) Name of husband or wife: XX
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Sept. (Month) 4, (Day) 1940 (Year)

8. AGE: Years 0 | Months 0 | Days 1½ | If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: XX None 1
11. Industry or business: 0
FATHER
12. Name: Raymond F. Rupp
13. Birthplace: Quincy (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Margaret R. Fisher
15. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Raymond F. Rupp
(b) Address: 2308 Poplar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) Sept. 5, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1940 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 4, 1940 to Sept. 5, 1940 that I last saw him alive on Sept. 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity &	30 hrs
Congenital hemorrhage	
Due to Tear in Tentorial membrane	30 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Congenital hemorrhage & Tear in Tentorial Membrane	

PHYSICIAN 160B
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Joseph Conrad (M. D. or other)
Address: 1308 Valdheim Bldg. Date signed Sept. 5-40

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.