

FILED MAR 19 1941

Registration District No. **719**

Primary Registration District No. **4551**

Registrar's No. **4**

**1. PLACE OF DEATH:**  
 (a) County Morgan  
 (b) City or town Stover  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Morgan  
 (c) City or town Rural Stover  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John Louis Rapp  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 7th  
 year 1941 hour 7 minute 15 P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Eugene Rapp  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 5 1850  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 4  
 1941, to Mar 4 1941  
 that I last saw him alive on Mar 4 1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Influenza Duration Mar 1-4

**8. AGE:** Years 91 Months 7 Days 7  
 If less than one day \_\_\_\_\_ min

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Columbus Ohio  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Farmer

Other conditions age  
(Include pregnancy within 3 months of death)

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
 12. Name Unknown  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings:  
 Of operations   
 Of autopsy   
 Underline the cause to which death should be charged statistically.

16. (a) Informant C. P. Rapp  
 (b) Address Stover Mo.  
 17. (a) Rural (b) Date thereof Mar 9 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Stover Cemetery  
 18. (a) Signature of funeral director Stover & Steingard  
 (b) Address Stover Mo.  
 19. (a) Mar 10 - 1941 (b) Am L Ripberger  
(Date received local registrar) (Registrar's signature)

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?  
 530 While at work?  (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature C. P. Rapp (M. D. or other) \_\_\_\_\_  
 Address Stover Mo. Date signed 3/8/41

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

RECEIVED

District Health Officer No. 7,

District File Number 3-41-573

Date Filed 3-11-41

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**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.....

*Jewell Stevenson*

Licensed Embalmer No. 4073

P. O. Address Storer 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, fact should be so stated above.**