

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9562
971
Registrar's No. _____

Registration District No. 99

Primary Registration District No. 1002

18
500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Josephs Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Infant Rapps
3. (b) If veteran, name war V (c) Social Security No. 3

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased March 9 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 30 min.

9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____
12. Name Leonard Rapps
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Lynn
15. Birthplace Chicago Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Rapps
(b) Address 4526 So. Benton
17. (a) burial (b) Date thereof 3-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Edward J. Moran
(b) Address 20 W. Deserwood
19. (a) Apr 10 1941 (b) M. M. Orsme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4526 Benton Blvd (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar 9 day year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Mar 9 1941, to till death, 1941; that I last saw him alive on Mar 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Premature 6 1/2 mo.
Due to overactivity of mother
Due to _____
Other conditions (Include pregnancy within 3 months of death) 15 1/2
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Hugh A. Gentry (M. D. or other) 0
Address 303 W. 13th Blvd Date signed 3-9-41

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.....

Maurice J. Linn

Licensed Embalmer No. *3634*

P. O. Address *70 W. Linnwood*

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.