

Registration District No. 85

Primary Registration District No. 5127

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Washington (Rural)  
(c) Name of hospital or institution: French Bottoms  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 63 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan  
(c) City or town Rural Route #2  
(d) Street No. French Bottoms  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Louis F. Rapue  
(b) If veteran, name war none (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th.  
M year 1941 hour 4 minute 30P. M.  
21. I hereby certify that I attended the deceased from April 13, 1941 to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Jennie Rapue (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Nov. 10th 1876

that I last saw \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Due to: General arteriosclerosis

8. AGE: Years 64 Months 5 Days 3

Other conditions: § 21  
Major findings: Of operations \_\_\_\_\_ Of autopsy: no

9. Birthplace: St. Louis Mo.

10. Usual occupation: Farmer

11. Industry or business: \_\_\_\_\_

12. Name: Frank Rapue

13. Birthplace: Florissant Mo.

14. Maiden name: Unknown Laylett

15. Birthplace: Florissant Mo.

16. (a) Informant: Mrs. Jennie Rapue (b) Address: R.R. #2 St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 4-15-41 (c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: FLEEMAN & SON INC (b) Address: St. Joseph, Mo.

19. (a) Date received local registrar: April 14-1941 (b) Registrar's signature: H. F. Muesel

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? \_\_\_\_\_ (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(e) Means of injury: \_\_\_\_\_

23. Signature: H. F. Muesel (M. D. or other) \_\_\_\_\_ Date signed: 4/14/41

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

11  
0  
0

**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 Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, 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.**