

DEPARTMENT OF COMMERCE **FILED JUN 13 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **18744**

Registration District No. **703** Primary Registration District No. **5932** Registrar's No. _____

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

II. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Polk**
(c) City or town **Humansville (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Richard Monroe Rape**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Freda Rape** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 13 1915**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 10 19 hr. min.

9. Birthplace **Okla**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Elmer Rape**

13. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Tillery**

15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Freda Rape**
(b) Address **Humansville, Mo.**

17. (a) **Removal** (b) Date thereof **June 3, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osage, Okla**

18. (a) Signature of funeral director **Joseph & Firestone**
(b) Address **Humansville, Mo.**

19. (a) **June 2-41** (b) **Orla M. Rich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1**
year **1941** hour **10:35** minute _____ P.M.

21. I hereby certify that I attended the deceased from **May 10**
1941 to **June 1** 19**41**
that I last saw him alive on **June 1** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Double pneumonia**
Due to _____
Due to _____

Other conditions **73 W**
(Include pregnancy within 3 months of death)

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? _____

(e) Means of injury _____
23. Signature **Doc C. News** (M. D. or other) **M.D.**

Address **Humansville, Mo.** Date signed **6-2-41**

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

RECEIVED

District Health Officer No. 7.

District File Number 6-41-996

Date Filed 6-10-41

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.....

Charles Gilbert Hathway Registered Apprentice No. 269

working under my personal supervision.

Signed.....

Ralph A. Joseph

Licensed Embalmer No. 0148

P. O. Address. Humanville

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.