

Registration District No. 197

Primary Registration District No. 4122

Registrar's No. 50

1. PLACE OF DEATH:

(a) County CLAY  
 (b) City or town SMITHVILLE, MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: SMITHVILLE COMMUNITY HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 DAYS  
 In this community LIFETIME  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY  
 (c) City or town SMITHVILLE, MO.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME JANE ELLEN RUPE

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex FEMALE 5. Color or race WHITE 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 MAY 17 1942  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 3 hr. min.

9. Birthplace SMITHVILLE, MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER { 12. Name JOHN ELLIS RUPE  
 13. Birthplace CLAY COUNTY MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name HAZEL MARIE BERGER  
 15. Birthplace HALSTEAD KAN.  
 (City, town, or county) (State or foreign country)

16. (a) Informant JOHN E. RUPE

(b) Address GASLAND, MO.

17. (a) BURIAL (b) Date thereof MAY 21, '42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director S. A. McComas

(b) Address Smithville, Mo.

19. (a) May 30 - 1942 (b) Ruth N. Henry  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 1942  
 year 1942 hour 3 minute ..... M.

21. I hereby certify that I attended the deceased from May 18, 1942  
 1942 to May 20, 1942  
 that I last saw her alive on May 20, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Tertiary blastosis (Deterius Gravis)

Due to Congenital

Other conditions (Include pregnancy within 3 months of death) 161C

Major findings: Of operations No Of autopsy No

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) (a) Means of injury

23. Signature [Signature] (M. D. or other) Address Smithville, Mo. Date signed 5/28/42

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

24  
6  
0

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-10-42

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 \_\_\_\_\_

*not embalmed*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed S.A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.