

FILED FEB 10 1943
Registration District No. 5218

Primary Registration District No. 5218

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

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1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill (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 Big Creek Township (Specify whether)
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL") _____
(d) Street No. Big Creek Township
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Raup
3. (b) If veteran _____ **3. (c) Social Security** _____
name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January 27th
year 1943 hour 8:45 minute _____ A. M.
21. I hereby certify that I attended the deceased from Jan 20, 1943, to Jan 27, 1943
the last saw him alive on Jan 26, 1943
and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** Wh.
6. (a) Name of husband or wife Laura E Raup
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____
alive _____ years

Immediate cause of death: Hemiplegia Cerebral Hemorrhage
Due to _____
Due to _____

7. Birth date of deceased Jan 10 - 1891
(Month) (Day) (Year)
8. AGE: Years 52 Months - Days 17 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death) 838
Major findings: no operation
Of operations _____
Of autopsy _____

9. Birthplace Gene Jack, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name John Raup
13. Birthplace Charlestown, N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Isabelle Davis
15. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

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) Means of injury _____
23. Signature W. F. Chapman (M. D. or other) _____
Address Raymore, Mo. Date signed Jan 25 1943

16. (a) Informant E. N. Raup
(b) Address Pleasant Hill, Mo.
17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 1/30/43
(Month) (Day) (Year)
(c) Place: burial or cremation Raymore, Mo.
18. (a) Signature of funeral director D. B. Nozinger
(b) Address Pleasant Hill, Mo.
19. (a) Feb. 4, 1943 **(b) Margaret Valle**
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature W. F. Chapman (M. D. or other) _____
Address Raymore, Mo. Date signed Jan 25 1943

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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

D. P. Noflinger

Licensed Embalmer No.

3958

P. O. Address

Pleasant Hill

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.