

FILED FEB 13 1943
Registration District No. 179

Primary Registration District No. 5442

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Doubilet, Rockwell
(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 3 Months (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Clair
(c) City or town _____ (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 Philip Rapp

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 3, 1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 28 6 hr. 45 min.

9. Birthplace Eutingen Pfortsheim (City, town, or county) 4 (State or foreign country) GERMANY

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph Rapp
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Katherine Ackers
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Rev. John Neuenhauer
(b) Address Rt. 1, Morris, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Deep water R 1

18. (a) Signature of funeral director Arnold Neuenhauer
(b) Address Warrensburg, Mo.

19. (a) Jan. 2, 1943 (Date received local registrar) (b) A. H. Seidler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1942 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1st 1942 to Dec 30 1942

that I last saw him alive on Dec 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Labor
Pneumonia of
abscessed lung.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration

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 _____

23. Signature Howard Perkins (or other)

Address Warrensburg, Mo. Date signed 1-4-43

1261

DEC 27 1948

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.....

Chas. N. Pope

Licensed Embalmer No.

2552

P. O. Address.....

Morrisson, 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.