

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

2105

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Irene Elizabeth Rapp

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. Fred Rapp 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July 31 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 5 If less than one day
hr. min.

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER { 12. Name John Schwartz
13. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Lula Thornton
15. Birthplace Columbia Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant C. Fred Rapp

(b) Address 2409 E. 67th St.

17. (a) Burial (b) Date thereof 5-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-6-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 E. 67th St. 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from March 1941
March 5, 1943, to May 5, 1943
that I last saw her alive on May 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Toxemia following
emboli in both Popliteal arteries
Due to long standing mitral
stenosis and atherosclerosis
Due to fibrosclerosis
Other conditions
(Include pregnancy within 3 months of death)
92 P

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 M. M. Brown (M.D. or other)
Address 924 Ogden St. KC Mo. Date signed 5-6-43

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

*Original & Photocopy
of
M-8727
11-91*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.