

S. No. 2  
M-9.4.41  
5-17-39  
PI X25

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18479

State File No. ....

FILED JUN 15 1943 234

Registration District No. ....

Primary Registration District No. 5815

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County: Morgan

(b) City or town: Rural, Plain Creek, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 6 mi. South of Stover (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country. ....

3. (a) PRINT FULL NAME: CLARENCE DELMAR RAPP

3. (b) If veteran, name war. ....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MAY day: 14<sup>th</sup> year: 1943 hour: 9 minute: 45 P. M.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Rachel Rapp

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased: January 1, 1908 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

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

35 4 14 hr. min.

Immediate cause of death: CRUSHED SKULL + BROKEN NECK.

Duration

9. Birthplace: Stover Mo. (City, town or county) (State or foreign country)

Due to: TORNADO

Due to: 187-6 99

10. Usual occupation: Farmer

Other conditions: (Includes pregnancy within 3 months of death)

11. Industry or business: ....

Major findings: Of operations. ....

12. Name: Chas. Rapp

Of autopsy. ....

13. Birthplace: Stover Mo. (City, town or county) (State or foreign country)

14. Maiden name: Dorothy Brown

15. Birthplace: Benton Co. Mo. (City, town or county) (State or foreign country)

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant: Chas. Rapp

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident 071

(b) Date of occurrence: 5/14/43

17. (a) Burial (b) Date thereof: May 18, 1943 (Monthly) (Day) (Year)

(c) Where did injury occur?: Morgan, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Blown Down

(c) Place: burial or cremation: Stover Cemetery

(Specify type of place) (e) Means of injury: ...

18. (a) Signature of funeral director: Rapp, Stevinson

While at work? (Specify type of place) (e) Means of injury: ...

(b) Address: Stover, Mo.

23. Signature: L. C. Richardson (Date or other)

19. (a) May 24/43 (b) Henry Rapp (Date received local registrar) (Registrar's signature)

Address: Stover, Mo. Date signed: ...

1030

RECEIVED

District Health Officer No. 7,

District File Number 5-43-516

Date Filed 6-11-43

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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.