

JUN 11 1943

Registration District No. 254

Primary Registration District No. 5867 4386

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer
(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
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Emil Ruprecht

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Vernie Francis Reiman 6. (c) Age of husband or wife if alive, _____ years
and Emma Reef

7. Birth date of deceased August 22, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 19 _____ hr. _____ min.

9. Birthplace Laupen Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Ruprecht

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 4 12 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cane Hill Cem.

18. (a) Signature of funeral director Geo Carr

(b) Address Thayer, Mo.

19. (a) 5-8-43 (b) Gae O. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 11 to April 11, 1943; that I last saw him alive on April 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
and Arteriosclerosis

Due to Smoking

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 Gae O. Williams (M. D. or other) P. M. O.
Address Thayer, Mo. Date signed 5-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

75
1
0

MOTHER FATHER

1112

Cooper

RECEIVED

District Health Officer No. 5,

District File Number 643370

Date Filed 6-8-43

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.....

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.