

32326

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1943
Registration District No. 19430

Primary Registration District No. 4427

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DeWitt Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Ft. Leonard Wood
(If outside city or town limits, write "RURAL")

(d) Street No. 113 A Pulaski
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Leo A. Rapp, Jr.

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 Single

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

7. Birth date of deceased Dec. 4, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>9</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Camp Atterbury, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Leo A. Rapp

{ 13. Birthplace Detroit, Mch.
(City, town, & county) (State or foreign country)

{ 14. Maiden name Mary Helen Pridgen

{ 15. Birthplace Tucson, Arizona
(City, town, or county) (State or foreign country)

16. (a) Informant Leo A. Rapp

(b) Address 113A Pulaski, Ft. Wood, Mo.

17. (a) removal (b) Date thereof 9/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tucson, Arizona

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 9-17-1943 (b) Chas M Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 12
1943, to Sept 12, 1943
that I last saw h.e. alive on Sept 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions Duration _____

Due to Intestinal Toxemia.

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 Dr. F. B. Williams (M. D. or other) DD.
Address Waynesville, Mo. Date signed 9/2/43

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

(Licensed Embalmer's Statement on Reverse Side)

1170

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 Paul B Hoops
Licensed Embalmer No. 3261
P. O. Address Brocker, 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.