

FILED DEC 7 1943

Registration District No. 25 Primary Registration District No. 5090

1. PLACE OF DEATH:  
(a) County Bates  
(b) City or town RURAL - RICH HILL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HOMO - Prairie Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6.5 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Bates  
(c) City or town RURAL - RICH HILL MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. "PARINSVILLE"  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret RAPS  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 23  
year 1943 hour 9:10 minute \_\_\_\_\_ P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife GEORGE RAPS 6. (c) Age of husband or wife if alive DECEASED  
7. Birth date of deceased MAY 25 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2 1943 to NOV 23 1943  
that I last saw alive and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 5 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
Due to Hypertension

9. Birthplace FRANKLIN CO. MO.  
(City, town, or county) (State or foreign country)

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

10. Usual occupation HOUSEWIFE

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name FRED BEAS

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. ED RAPS

(b) Address RICH HILL RD.

17. (a) Date of burial or cremation BURIAL (b) Date thereof NOV. 25 1943  
(Month) (Day) (Year)

(c) Place of burial or cremation PARINSVILLE CEM.

18. (a) Signature of funeral director Boothe  
(b) Address Rich Hill Mo

19. (a) Nov. 23 1943 (b) Mrs. Edna B. Raps  
(Date received local registrar) (Registrar's signature)

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 James J. Green (M. D. or other) \_\_\_\_\_  
Address Rich Hill Mo Date signed Nov 23 1943

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

WRITING IN PENCIL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1287

Date Filed 12-6-43

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**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

*John L. Henderson*

Licensed Embalmer No. 3585

P. O. Address Butler, Pa

**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.**