

FILED FEB 13 1945

Registration District No. 6

Primary Registration District No. 4/07

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Spgs Mo.
(c) Name of hospital or institution:

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

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

3. (a) PRINT FULL NAME Mary a Rupard

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John H Rupard
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 18 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Fredericksburg Va. (City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation House wife
11. Industry or business
12. Name Not known
13. Birthplace Ky.
14. Maiden name Not known
15. Birthplace Ky.

16. (a) Informant Hartley Rupard

(b) Address 702 Wood Pittsburg Kans

17. (a) Burial (b) Date thereof Jan 11 45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Vernon City

18. (a) Signature of funeral director George W Nafus

(b) Address 206 S Main El Dorado Spgs Mo

19. (a) 1/16/45 (b) L. I. Summery (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar Ia
(c) City or town El Dorado Spgs Mo (If outside city or town limits, write "RURAL")

(d) Street No. 122 W. Olive (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1945 hour 5:30 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 9 1944 to Jan 9 1945 that I last saw her alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterial sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature C. H. Kuntz (M. D. or other)

Address El Dorado Springs Mo Date signed 1/13/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1076

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 George W Rafus -
Licensed Embalmer No. 2752
P. O. Address El Dorado Spgs 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.

Case No. 7,
1-45-114
2-12-45