V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9009

Primary Registration District No. 3006

Registrar's No. 59

10
2
4

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 400 S. 5th St. 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 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 2

(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 400 S. 5th St.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DOROTHY EVELYN RAPP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) - 11 (Day) - 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	6	5	hr. min.

9. Birthplace Columbia (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Stephens College Bank

11. Industry or business

FATHER
12. Name Thomas H. Rapp Sr.
13. Birthplace Benton (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Florence Edna Mason
15. Birthplace Carbondale (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Thos. H. Rapp Jr.,
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-17-1945 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16
year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-13- 1945, to 3-16- 1945
that I last saw her alive on 3-15- 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (T.B.)	?
Due to Tuberculosis of Lungs	?
Due to	
Other conditions Myocarditis chronic (Include pregnancy within 3 months of death)	?

Major findings:
Of operations —
Of autopsy — 3b

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature Frank E. Depheme (M. D. or other) MD
Address Columbia Mo Date signed 3-16-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-12-45

MAR 26 1947

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 Chas L Zaring

Licensed Embalmer No. 4135

P. O. Address Columbia, 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.