

S. No. 2
OM-2-43
v. 5-17-39
I X35627

16596

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1945
Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 6

1. PLACE OF DEATH:

(a) County... Cedar Jerico Springs

(b) City or town... Benton Township Rural

(c) Name of hospital or institution: XXXX

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

In this community: XXXX (Month)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County Cedar 90

(c) City or town... Benton Township Rural Jerico Springs

(d) Street No. XX (If rural, give location)

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

If yes, name country: XX

3. (a) PRINT FULL NAME THELMA ALLINE RAPP

3. (b) If veteran, name war: XX

3. (c) Social Security No: 492-28-7511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day 1 year 1945 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 1944 to 4-1-45

that I last saw her alive on 4-1-45 and that death occurred on the date and hour stated above.

4. Sex FEMALE / 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife: WILLIS RAPP / 6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: Dec 23, 1915 (Month) (Day) (Year)

Immediate cause of death: Hydrothorax

Due to: carcinoma of breast

Due to: _____

8. AGE:	Years	Months	Days	If less than one day
	29	3	8	XXXXXXXX min.

Other conditions: _____

Major findings: Of operations: 50

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

9. Birthplace: Sheldon, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: XX

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: S. B. Bennett (M. D. or other)

Address: Jerico Springs Date signed: 4-1-45

MOTHER FATHER

12. Name: Alva Maphiew

13. Birthplace: Jerico Springs, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Mable Wilbit

15. Birthplace: Vernon Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Alva Maphiew

(b) Address: Jerico Springs, Missouri

17. (a) Burial (b) Date thereof: 4-2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Brasher Cemetary

18. (a) Signature of funeral director: Church and Neale

(b) Address: Stockton, Missouri

19. (a) Date received local registry: May 28, 1945 (b) J. B. Schrock (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

By *CHAS. No. 7,*

Dist. No. *5-43-476*

Date Filed *6-5-45*

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton 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.