

FILED APR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 388

Primary Registration District No. 5453

Registrar's No. 5

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Republic
(c) Name of hospital or institution: Republic R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years
In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Republic - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1946 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from May 1 - 1945
March 21, 1946, to 19,
that I last saw her alive on March 20, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy none of the

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?

(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 C. E. Bial M.D. (M. D. or other)
Address Republic Mo. Date signed 3/23/46

3. (a) PRINT FULL NAME Charlotte Raper

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 Married

6. (b) Name of husband or wife Benjamin Raper 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased January 1st 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation House keeping

11. Industry or business House work

12. Name Daniel Turner

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

14. Maiden name Elizabeth Stevens

15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Menda Raper

(b) Address Republic R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Flat-Top Christain Co.

18. (a) Signature of funeral director R. E. Thurman Chd. Co.

(b) Address Republic, Mo.

19. (a) Mar. 21 1946 (Date received local registrar) (b) Glenn Britain (Registrar's signature)

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

39
00

0000

105

RECEIVED

Greene County Health Office,

County File Number 46-4-41

Date Filed 4-11-46

DEC 28 1948

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, ^{and} or by.....

E. M. Thurman

Embalmer, Registered Apprentice No. 3687

working under my personal supervision.

Signed.....

E. M. Thurman

Licensed Embalmer No. 5-03

P. O. Address Republic, 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.