

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION

MISSOURI STATE BOARD OF HEALTH

16385

FILED JUN 10 1946
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 122

Primary Registration District No. 5453

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic, R. #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural Republic Mo Rt 2 2
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME Benjamin Hill Raper

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: Edith Raper 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Nov. 4 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 14 hr. min.

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

10. Usual occupation Farmen - Retired

11. Industry or business:
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Raper - son
(b) Address Republic, Mo. R. #2

17. (a) Burial (b) Date thereof: May 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Flat Top Cemetery - Clever, Mo

18. (a) Signature of funeral director: R.F. Thurman, Co.
(b) Address: Republic, Mo. R.F.M. Thurman

19. (a) May 19 1946 (b) Gloria Britain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 8 AM minute _____
21. I hereby certify that I attended the deceased from January 1st
1944 to May 18 1946
that I last saw him alive on May 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage with Hypertension Duration
Due to Arterial Sclerosis

Due to _____
Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: none 1
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) no
(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? no (Specify type of place) (e) Means of injury: _____
23. Signature E.L. Beal, M.D. (M. D. or other)
Address Republic Mo Date signed 5/18/46

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

15272

105

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1946

RECEIVED

Greene County Health Office,

County File Number 46-6-73

Date Filed 6-7-46

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.....

E. M. Thurman - License 3687....., Registered Apprentice No.....
working under my personal supervision.

Signed R. E. Thurman.....

Licensed Embalmer No. 503.....

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.