

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22857**
Registrar's No. **238**

FILED JUL 29 1946
Registration District No. _____

Primary Registration District No. **5142**

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

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Neelyville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NEELY Twp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yrs** (Specify whether
In this community **2 yrs** years, months or days)

3. (a) PRINT FULL NAME **Thomas granvil Raper**

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

4. Sex **male** 0 5. Color or face **white** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **susie Raper** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Sept Oct. 2, 1883** (Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Naylor Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Section Railway**

11. Industry or business **Franklin Pierce Raper**

12. Name **Franklin Pierce Raper**
13. Birthplace **Paducah Ky.** (City, town, or county) (State or foreign country)

14. Maiden name **Emily Jane Loven**
15. Birthplace **Ripley Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Broadus Raper**
(b) Address **St. Louis, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 10/46** (Month) (Day) (Year)

(c) Place: burial or cremation **Minnetonka Antioch**

18. (a) Signature of funeral director **Minnie Gish**
(b) Address **Naylor, Mo.**

19. (a) **7-19-46** (Date received local registrar) (b) **RH Minnetonka** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Butler** 12
(c) City or town **Neelyville** 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7** year **1946** hour **8** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **May 8** 19**46** to **July 6** 19**46**
that I last saw him alive on **July 6** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **Arterio sclerosis**

Other conditions **Cardiac Hypertrophy**
(Include pregnancy within 3 months of death)

Major findings: Of operations **G.W.**
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature **J. Schumier** (M. D. or other) _____
Address **Corning Ark.** Date signed **7/14/46**

RECEIVED

District Health-Office No. 2

District File Number 746-871

Date Filed 7-22-46

OCT 18 1956

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

By a. mc Cord

Licensed Embalmer No. 4079

P. O. Address Waxton, 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.