No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30456

FILED SEP 20 1947

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 1124

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 Virginia St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Virginia St., 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Naturalized Pole

3. (a) PRINT FULL NAME STANLEY RAMPOLA

3. (b) If veteran, name war None

3. (c) Social Security No. 495-01-6963

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Albina

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March (Month) 8, (Day) 1896 (Year)

8. AGE: Years 51 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Poland (State or foreign country) 4

10. Usual occupation Hog Dressing Dept.

11. Industry or business Swift & Co.

FATHER
12. Name Paul Rampola
13. Birthplace (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name Veronica Starzyk
15. Birthplace (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Albina Rampola (wife)
(b) Address 510 Virgina St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City

19. (a) 9-22-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 509

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 47 hour 5 minute :30 A. M.

21. I hereby certify that I attended the deceased from 9-19-1947 to 9-19-1947
that I last saw h..... on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	Stat
Due to: Coronary Heart	few Mo
Due to: Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94A	

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature M. E. Grimes (M. D. ~~or other~~)
Address St. Joseph, Mo. Date signed 9/19/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Roland D. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.