S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26583

Registration District No. 949 | Primary Registration District No. 1002 | Registrar's No. 2970

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas city, mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8113 Highland ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas city (If outside city or town limits, write "RURAL")
(d) Street No.: 8113 Highland ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48 3 8 0

3. (a) PRINT FULL NAME: Grethel Sue Rupard
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: December (Month) 9 (Day) 1943 (Year)

8. AGE: Years 4 | Months 7 | Days 9 | If less than one day: hr. min.
9. Birthplace: Kansas city (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
MOTHER FATHER
12. Name: Clarence Rupard
13. Birthplace: Lebanon (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Grethel R Rowden
15. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Clarence Rupard
(b) Address: 8113 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Mariah
18. (a) Signature of funeral director: France-Wornall
(b) Address: Kansas city, mo
19. (a) 7-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1948 hour 8 30 minute A.M.
21. I hereby certify that I attended the deceased from Oct. 14, 1946 to July 18, 1948 that I last saw her alive on July 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to: Pernicious Anemia	
Due to: Myelogenous Leukemia	
Other conditions (Include pregnancy within 3 months of death): 74a	

Major findings:
Of operations:
Of autopsy: None

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? (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)
While at work? (e) Means of injury:
23. Signature: George T. Clark MD (M.D. or other)
Address: 408 W. 75 St Date signed: 7-18-48

(Licensed Embalmer's Statement on Reverse Side)

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

Rupard

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.