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

National Office of Vital Statistics

FILED OCT 29 1948

STANDARD CERTIFICATE OF DEATH

State File No. 32214

Registration District No. 48 — Primary Registration District No. 5173 A — Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Callaway Co.

(b) City or town: Cedar City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (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: Callaway 14

(c) City or town: Cedar City (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Margaret H. Rupert

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~~: 2

6. (b) Name of husband or wife: Edward J. Rupert

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

7. Birth date of deceased: Sept (Month) 16 (Day) 1869 (Year)

8. AGE: Years 79 | Months — | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Coxe Sw Dessin (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: William Renayold
13. Birthplace: Coxe Sw Dessin (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Joe Reed

(b) Address: 426 W. Main

17. (a) Burial (Burial, cremation, or removal) ✓ (b) Date thereof: 10-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Hart Hill Cemetery

18. (a) Signature of funeral director: Callaway Co. Tanner Serv.

(b) Address: 700 Jefferson St.

19. (a) 10-18-48 (Date received local registrar) (b) A. P. Dorris MD 40 Norma Richter (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1948 hour 11:00 minute A.M. ✓

21. I hereby certify that I attended the deceased from Oct 1, 1948, to Oct 14, 1948 that I last saw her alive on 10-14-48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardio vascular disease	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

While at work? (e) Means of injury 0

23. Signature: Lucian A. Taylor (M. D. or other) MD

Address: Jefferson City Date signed: 10-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Service File Number
Date Filed OCT 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, or by Donald P. Freeman Registered Apprentice No. 471, working under my personal supervision.

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.