

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42582

FILED JAN 24 1949

Registration District No. 254

Primary Registration District No. 5867

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 39 years years, months or days)

3. (a) PRINT FULL NAME Ernest Emil Ruprecht
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Eunice Cathey 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 18 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>7</u>	<u>17</u>	hr. <u>min.</u>

9. Birthplace Fulton County Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Emil Ruprecht
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Emma Reif
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Ruprecht
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation David Cemetery

18. (a) Signature of funeral director David Carter
(b) Address Thayer, Mo.

19. (a) Jan-13-1949 (b) Ella Crass 416
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 20
(a) State Missouri (b) County Oregon
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(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 Dec. day 5
year 1948 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Memorie of Spine
Duration 1 year

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

Major findings: Of operations 1948
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Thayer, Mo. Date signed 4-4-49

MOTHER FATHER

~~67-87-7~~
District File Number 14953
District Health Officer No. 5
RECEIVED 1-17-49

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 *Rebecca Carter*
Licensed Embalmer No. *4516*
P. O. Address *Thayer, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.