

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37487**  
**4657**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) (Township) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		999 14 0 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LANESIDE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>967 KANSAS AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>G.</u>		c. (Last) <u>RUPE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-31-1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR-12-1915</u> 36 YRS.	
9. AGE (In years (Last birthday) Months Days Hours Min.) <u>36 YRS.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CLIMAX SPRINGS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARTIN GRAINGER</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA V. TOBEY</u>		14. NAME OF HUSBAND OR WIFE <u>OTTO RUPE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. OTTO RUPE 967 KANSAS AVENUE KANSAS CITY, KANSAS</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>operation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Acute dilatation of Heart.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2141</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Fibroid uterus - Infected tubes &amp; ovaries</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>KE 7400</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-26</u> , 19 <u>49</u> , to <u>10-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-31</u> , 19 <u>49</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. W. Wilson</u>				23b. ADDRESS <u>2409 Wirthman</u>		23c. DATE SIGNED <u>10/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-3-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>11-2-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: Wesley L. Daniel

Licensed Embalmer No. 4702

P. O. Address. KC, 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.