No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39901

BIRTH NO. _____ REG. DIST. NO. 335-328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Slyvania Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. Q, Black Farm Oran, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 25 South Lorimier Street

3. NAME OF DECEASED (Type or Print)
a. (First): JEROME
b. (Middle): ANTHONY
c. (Last): RAPP

4. DATE OF DEATH (Month) (Day) (Year): November 13, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 2, 1895
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Denist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): O'Fallon, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Valentine W. Rapp
13b. MOTHER'S MAIDEN NAME: Maybel Seawauld
14. NAME OF HUSBAND OR WIFE: Mrs. Viola B. Rapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Viola B. Rapp — ADDRESS: Cape Girardeau, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 431X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* First Call After Death *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Pos — Coroner
23b. ADDRESS: Sikeston Mo.
23c. DATE SIGNED: II/I4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 16, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cem.
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.: 11/30/49
REGISTRAR'S SIGNATURE: G B MacCready
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Walther's Funeral Home - Cape Gir. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 25
District Health Office
District File Number 1149
Date Filed

MAR 3 1950
NOV 29 1949

DEC 1 1949

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 Virgil H. Welch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau

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.