

RECD APR 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9558  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Tow Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 1415 Agnes St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1164

2. PRINT FULL NAME

(a) Residence, No. 1415 Agnes St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nolan Rupe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1882

7. AGE YEARS 56 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Corn Product  
 9. Industry or business in which work was done, as saw mill, bank, etc. Co-oke  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME William Rupe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Rocco P. Rupe  
751 Chymnd - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Mar 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ross + Henderson  
15 + Jackson

20. FILED Mar 15, 1939 M. M. Crane  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to March 17, 1939  
 I last saw him alive on March 12, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
 Date of onset 108

Other contributory causes of importance:  
 Name of operation none Date of —  
 What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? — Date of injury —, 19—  
 Where did injury occur? — (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury —  
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify —  
 (Signed) Harry W. Dugan, M. D.  
 (Address) 1400 Prospect

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**