

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24832

State File No. _____

Registration District No. 128

Primary Registration District No. 5176B-

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Oak Ridge Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oak Ridge Mo R.F. # 1
(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 Cape Girardeau
(c) City or town Oak Ridge Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.F. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Ruppel 140
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1940 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from July 5
1939, to July 13, 1940;

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Ruppel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 19 1870
(Month) (Day) (Year)

that I last saw her alive on June 11, 1940,
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic nephritis Duration _____

8. AGE: Years 69 Months 1 Days 14 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Old Appleton Mo
(City, town, or county) (State or foreign country)

Other conditions Dialysis
(Include pregnancy within 3 months of death)

10. Usual occupation Housework

11. Industry or business _____
12. Name Chas Bodenschatz
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ruppel
15. Birthplace Uniontown Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Walter H. Ruppel
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Friedrich Cemetery

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

18. (a) Signature of funeral director McBride & Co
(b) Address Jackson Mo
19. (a) July 15 1940 (b) Lama V. Grebe
(Date received local registrar) (Registrar's signature)

23. Signature R. D. Blacklock (M. D. or other) _____
Address Oak Ridge, Mo Date signed _____

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.

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.....

B. H. Meyer
Licensed Embalmer No. *3051*
P. O. Address *Jackson 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, above space should be left blank.