

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Blue - ~~Franklin~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 3 - Independence / W
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 16 YEARS
years, months or days)

3. (a) PRINT FULL NAME Peter Ruppert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ruppert

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Mar. 22, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 0 19 _____ hr. _____ min.

9. Birthplace Nokomis, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Nick Ruppert

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grauer

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ruppert

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 4/13/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Mo.

19. (a) April 14, 1941 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. Rt # 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 6
1941 to Apr 11 1941
that I last saw him alive on Apr 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature John C. Hader, D.O.
Address Home Jack mo Date signed 4/12/41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Coland Spinks

Licensed Embalmer No. 3604

P. O. Address Indep 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.