

FILED FEB 19 1942

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 9

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Atwood Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community all of her life

3. (a) PRINT FULL NAME Manerva J. Rupe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, Married
 divorced, Married
 (b) Name of husband or wife Andrew Rupe 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Mar. 18 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Wm. Thos. James
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Hucynda Howland
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rupe
 (b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 1-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Stanley
 (b) Address Carrollton Mo

19. (a) 1-17-1942 (b) Max James H. Haffley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Carroll
 (c) City or town Carrollton
(If outside city or town limits, write "RURAL")
 (d) Street No. N. Jefferson City
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 18
 year 1942 hour 6 minute 20 P.M.
 21. I hereby certify that I attended the deceased from 11-24
1941 to 1-18 1942
 that I last saw her alive on 1-18 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Coronary Insufficiency
Arrhythmia
 Duration 2

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

Major findings: 95a
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
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?
(Specify type of place)

While at work? _____ (e) Means of injury 0
 23. Signature William B. Atwood (M. D. or other) _____
 Address Carrollton, Mo Date signed 1/19/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-19-42

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.