No. 2
1 10-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22564

State File No.

FILED JUL 13 1942

Registration District No. 906 Primary Registration District No. 6224 Registrar's No. 54

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

400

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: At Home 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 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Mo (b) County Wright

(c) City or town Rural Boon Township
(If outside city or town limits, write "RURAL")

(d) Street No. Marshfield Mo. R7D 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John B. Rupe

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 Widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 18 (Day) 1852 (Year)

8. AGE: Years 90 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Adair Co (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William Rupe
13. Birthplace Terrie Hute (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 4 (State or foreign country)

16. (a) Informant E. Rupe
(b) Address Marshfield Mo Route 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Macaha E Watson
(b) Address Seymour Mo

19. (a) 6-18-42 (Date received local registrar) (b) W. T. Wynn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 9 minute 50 P M.

21. I hereby certify that I attended the deceased from 7-9, 1941, to 6-5, 1942 that I last saw him alive on 6-5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis.

Due to

Due to

97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature E. G. Bees (M. D. or other)

Address Seymour Mo Date signed 6-11-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742 - 926
Date Filed JUL 10 1942

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 F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield Ohio

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.

S. No. 2B
.—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 22564

Registration District No. 906 Primary Registration District No. 6224 Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County: Wright

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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: 5-8

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John B Pugel

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: April (Month) 18 (Day) 1852 (Year)

8. AGE: Years 90 Months 1 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country): Ky

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Not given (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-11-42 (Date received local registrar) (b) W. J. Wynn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5 year 1942 hour minute 8-0 A.M.

21. I hereby certify that I attended the deceased from 19 , 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-22564