

FILED NOV 12 1942

Registration District No. 175

Primary Registration District No. 4275

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)  
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Marionville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Center St. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Cordelia Rapp

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female / 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Levi Rapp 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February 1 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Greene County Missouri A  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Brown

13. Birthplace not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Grider

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

16. (a) Informant Mrs John Singer  
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof 10-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford

(b) Address Marionville, Mo.

19. (a) 10-19-42 (b) James Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1942 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1942 to Oct. 17, 1942  
that I last saw her alive on Oct. 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 2 yrs.

Due to Chronic nephritis  
arteriosclerosis

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?

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

23. Signature Wayne Weaver M. D. or other MD  
Address Marionville, Mo. Date signed 10/19/42

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

55  
020

55  
29  
0

1156

RECEIVED

District Health Officer No. 6,

District File Number 1142-1587

Date Filed NOV 9 1942

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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

*Herman Surridge*

Licensed Embalmer No.

3072

P. O. Address

Aurora 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.**