

S. No. 2
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5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6992

State File No. _____

FILED FEB 21 1943

Registrar's No. 374

Registration District No. _____

Primary Registration District No. 5328

1. PLACE OF DEATH: **CRAWFORD CO**

(a) County: **CRAWFORD CO**

(b) City or town: **LIBERTY TOWNSHIP 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 _____)
In this community **13 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Crawford**

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

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

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **WILLIAM HENRY RUPP**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **27th**
year **1943** hour **3** minute **0** M.

4. Sex: **MALE** 5. Color or race: **WHITE**

6. (a) Single, widowed, married, divorced: **MARRIED**

6. (b) Name of husband or wife: **MARYLE L. RUPP** 6. (c) Age of husband or wife if alive: **56** years

7. Birth date of deceased: **Nov. 8 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death: **Natural Causes**
Verdict of jury _____

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

62 1 19 hr. min.

Due to _____

Due to _____

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

9. Birthplace: **MONROE MICH**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: _____

12. Name: **August Rupp**

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

14. Maiden name: **not known**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations: _____

Of autopsy: _____

16. (a) Informant: **MALCOLM RUPP**
(b) Address: **STEELYVILLE MO**

17. (a) **Burial** (b) Date thereof: **12/30/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Laughing water Beach**

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: **3**

18. (a) Signature of funeral director: **L. J. Jonas**
(b) Address: **Steelyville MO**

19. (a) **12-28-43** (b) **H. J. Sturm MD**
(Date received local registrar) (Registrar's signature)

23. Signature: **L. J. Jonas Coroner** (M. D. or other) _____
Address: **Steelyville MO** Date signed: **12/27/43**

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

RECEIVED

District Health Officer No. 5,
District File Number 244-266
Date Filed 2-19-44

RECEIVED
DISTRICT HEALTH OFFICER

EXAM 17 1950

13
HENRY R. B. P.

APR 19 1950
MARRIED
WHITE
WHITE

19
MARRIED
WHITE

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 Edwards

Henry M. Jones
working under my personal supervision.

Registered Apprentice No.

Signed Henry M. Jones

Licensed Embalmer No. 2422

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

FILED MAR 1943

3. No. 2B
M-5-13
I 336920

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 374

Registration District No. 89 Primary Registration District No. 3328

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

1. PLACE OF DEATH:

(a) County Crawford Co.

(b) City or town Liberty Twp 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) _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm Henry Rupp

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 m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 8 1888
(Month) (Day) (Year)

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 12 Year 1943 Hour _____ Minute _____ M.

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

Immediate cause of death Death Sudden Duration _____
fell dead while working
probably cerebral

Due to Heart

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? _____

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

23. Signature Dr James _____ (M. D. or other) _____
Address Blackhill _____ Date signed 3/6/44

SUPPLEMENTAL

MOTHER FATHER

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