

Primary Registration District No. 5433

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

36
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1. PLACE OF DEATH:

(a) County Franklin Union Mo
 (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 _____
 In this community life years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Union
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur John Rapps
 (b) If veteran, name war _____
 (c) Social Security No. RA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
 year 1945 hour 11 minute 30 P.M.

4. Sex M 5. Color or race W
 6. (a) Name of husband or wife Mary Rapps
 7. Birth date of deceased Aug 23 1894
 (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.

8. AGE: Years 50 Months 7 Days 12
 If less than one day hr. _____ min. _____

Immediate cause of death Suicide by Drowning
 Due to _____
 Due to _____

9. Birthplace Jeffriesburg Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) 16 4 lb

11. Industry or business _____
 12. Name Lucas Rapps
 13. Birthplace Jeffriesburg Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name _____

Major findings: Of operations _____
 Of autopsy no

15. Birthplace Jeffriesburg Mo
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs Mary Rapps
 (b) Address Beaufort Mo R.F.R. 1
 17. (a) Burial (b) Date thereof April 7 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jeffriesburg Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence April 4th 1945
 (c) Where did injury occur? Union Franklin Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Farm
 While at work? no (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director W. F. Kemme
 (b) Address Beaufort Mo
 19. (a) 4/7/45 (b) Conrad A. Reger
 (Date received local registrar) (Registrar's signature)

23. Signature E. F. Ottmann (M. D. or D. O.)
 Address Union Mo Date signed 4/5/1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-45

OCT 14 1950

FEB 24 1950

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.....

working under my personal supervision.

E. H. Temme

Registered Apprentice No.....

Signed *E. H. Temme*

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.