

0804

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1900 East 6th.</b>		d. STREET ADDRESS (If rural, give location) <b>1900 East 6th</b>	

3. NAME OF DECEASED (Type or Print) <b>Herman F. Rapp F. Rapp.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-21-51</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 24, 1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo-Pac.R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Bates County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George Rapp</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Johannes</b>		14. NAME OF HUSBAND OR WIFE <b>Frata Rapp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frata Rapp, Sedalia, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		<b>10 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>10 years</b>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **11-25-50** to **3-21, 1951**, that I last saw the deceased alive on **3-21, 1951**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David R. Edwards M.D.</b>		23b. ADDRESS <b>Sedalia, Mo.</b>		23c. DATE SIGNED <b>3-21-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/24/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	

DATE REC'D BY LOCAL REG. <b>3/24-1951</b>		REGISTRAR'S SIGNATURE <b>R. J. Campbell</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. W. Beckert Sedalia Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

RECEIVED 4-2-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 4-2-51 \_\_\_\_\_

APR 3 1951  
APR 1 1951

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Roger F Fuller*

Licensed Embalmer No. 4818

P. O. Address. Sedalia

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.