

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34120

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4725

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY**
c. LENGTH OF STAY (in this place) **15 yrs.**

c. CITY OR TOWN **KANSAS CITY**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3028 Michigan**

STREET ADDRESS (If rural, give location) **40 3028 Michigan 3408**

3. NAME OF DECEASED (Type or Print)
a. (First) **PETER** b. (Middle) _____ c. (Last) **RUPP**

4. DATE OF DEATH (Month) **10** (Day) **13** (Year) **54**

5. SEX **♂**
male

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced**

8. DATE OF BIRTH **Dec. 6, 1897**

9. AGE (In years last birthday) **56**

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer**

10b. KIND OF BUSINESS OR INDUSTRY **construction**

11. BIRTHPLACE (City and State or Foreign Country) **Catherine, Kansas**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Joseph Rupp**

13b. MOTHER'S MAIDEN NAME **Anna Walter**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **495-05-2772**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Joe Connors-Deputy Coroner**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Arteriosclerosis**
ANTECEDENT CAUSES **Hypertensive Cardiovascular Disease**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Loftus Pneumonia**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4201

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. O. Kealhofer** (Degree or title) **3**

23b. ADDRESS **6627 Peabody St. Over**

23c. DATE SIGNED **10/12/54**

24a. BURIAL CREMATION REMOVAL **Removal**

24b. DATE **10/16/54**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Calvary**

24d. LOCATION (City, town, or county) (State) **Kansas City, Kansas.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **10-14-54 Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Quirk & Tobin-20 W. Linwood, K.C. Mo.**

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

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, ~~only~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Goldsnow*

Licensed Embalmer No. *4714*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

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