No. 2
-1-4-41
-17-39
X26390

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8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24158

Registrar's No. 2697

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
The Walnuts,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether

In this community 45 years, 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 548

(a) State Missouri, (b) County Jackson, 3

(c) City or town Jackson, 8
(If outside city or town limits, write "RURAL")

(d) Street No. The Walnuts,
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Katherine Miller Repp,

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married, 1

6. (b) Name of husband or wife William A. Repp,

6. (c) Age of husband or wife if alive 85, years

7. Birth date of deceased January (Month) 9 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	9	hr. min.

9. Birthplace Iowa, (City, town, or county) 1 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Fred Miller,
13. Birthplace (City, town, or county) Iowa, 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Branden,
15. Birthplace (City, town, or county) England, 4 (State or foreign country)

16. (a) Informant Mr. William A. Repp,
(b) Address The Walnuts, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Pantheon,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) July 18, 41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th, year 1941 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from 1936. July 18, 41, to July 18, 1941; that I last saw ~~him~~ alive on July 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis 5 years

Due to

Due to 97

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No.

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. R. Boughman (M. D. ~~or other~~)

Address 1116 Prof Bldg, K. C. Mo. Date signed 7/18/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1

FEB 14 1942

Dr. H. P. Boughnow,
Prof Path
Tar 2446

FEB 16 1942

AUG 23 1944

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 Willis H. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

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