

3 No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40939

State File No. \_\_\_\_\_

JAN 24 1941  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4617

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo  
(c) Name of hospital or institution: Little Sisters Of Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 59 Years 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Rose Repetto

3. (b) If veteran, name war 760 3. (c) Social Security No. 760

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Repetto 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 21 1853 (Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Italy 5 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Biggi  
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della Stater (Daughter)  
(b) Address 1005 Armour K.C. Mo

17. (a) Burial (b) Date thereof 12-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley  
(b) Address Kansas City Missouri

19. (a) Dec 12, 41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 Armour Blvd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 59 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th  
year 1941 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 15  
1941, to Dec 11, 1941;  
that I last saw her alive on Dec 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

pulmonary edema 2 days  
Due to Cerebral thrombosis 3 weeks  
Due to Generalized arteriosclerosis years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 22

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature John T. Shuman (M. D. or other) M.D.  
Address 1140 263rd Bldg Date signed 12-12-41

(Licensed Embalmer's Statement on Reverse Side)

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

828

048  
1941

0

Kansas City, Mo.

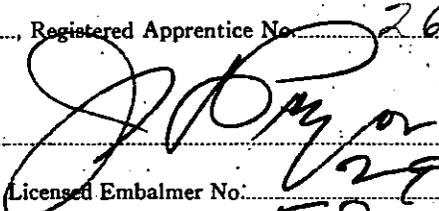
**STATEMENT BY LICENSED EMBALMER**

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.

Registered Apprentice No. 267

Signed

  
.....  
Licensed Embalmer No. 2997

P. O. Address KC

**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.**