

Filed NOV 9 1942  
Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Kansas City Industrial 104 Newton  
(d) Length of stay: In hospital or institution 3 Days  
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Lindon Hotel, 31st and Troost  
(d) Street No. Newton  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRANK WAITE REPINE

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Feb. 11, 1867

8. AGE: Years 75 Months 8 Days 13 If less than one day - hr. - min.

9. Birthplace Leavenworth Kansas

10. Usual occupation Steel Mill Foreman

11. Industry or business American Rolling Mill

12. Name James Copolk Repine

13. Birthplace Illinois

14. Maiden name MARY BURNS

15. Birthplace Ireland

16. (a) Informant James C. Repine

(b) Address 817 S. Huttig

17. (a) Burial (b) Date thereof Oct. 27, 1942

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 10-26-42 (b) M. M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24, year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/17-42 to 10/23 that I last saw him alive on 10/23 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation (1st stage disease)

Due to Mitral regurgitation (1st stage disease)

Due to Ac. Coar. a few days

Other conditions Ac. Coar. a few days

Major findings: Of operations -

Of autopsy -

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? -

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

(e) While at work? - (Specify type of place) (f) Means of injury -

23. Signature P. M. Callaway (M. D. or other) D

Address 615 Carnegie Bldg Date signed 10/26-42

*Dr. Callaway*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. H. Blackman* .....

Licensed Embalmer No. *2244* .....

P. O. Address.....

**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.**