

No. 2  
-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41056**

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **529**

**1. PLACE OF DEATH:**  
 (a) County **Jasper**  
 (b) City or town **Joplin**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1809 Grand**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community  
 years, months or days)

**3. (a) PRINT FULL NAME**  
**R. J. Repton**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex **M**  
 5. Color or Race **W**  
 6. (a) Single, widowed, married, divorced **WIDOWED**  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years (Day) (Year)  
 7. Birth date of deceased **Oct 17 - 1854**  
 (Month) (Day) (Year)

**8. AGE:**  
 Years **88** Months **1** Days **17**  
 If less than one day hr. min.

**9. Birthplace** **Lawrence Co Mo**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired**

**11. Industry or business**

**12. Name** **R J Repton**  
**13. Birthplace** **Mo**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Marjorie Matilda Jones**  
**15. Birthplace** **Shelton Mo**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs James Orsag**  
 (b) Address **1740 Central**

**17. (a) Burial** (b) Date thereof **12-5-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **York Mem**

**18. (a) Signature of funeral director** **Robert J. ...**

(b) Address **Joplin Mo**

**19. (a) 12-5-42** (b) **Arthur J. ...**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Jasper**  
 (c) City or town **Joplin**  
 (If outside city or town limits write "RURAL")  
 (d) Street No. **1740 Central**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day **31**  
 year **1942** hour **2** minute **10** M.

**21. I hereby certify that I attended the deceased from** **Nov - 20**  
 1942 to **Dec - 2** 1942  
 that I last saw him alive on **Dec - 2 - 1942**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration

Due to **Hardening of arteries**

Due to **83a**

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy

**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? (2) Means of injury **8**

**23. Signature** **C. E. ...** (M. D. or other)  
 Address **306 Prince Rd** Date signed **12-4-42**

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

42-12-1108

**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 Steve D. Parker.....

Licensed Embalmer No. 2548.....

P. O. Address. Ypsilanti, MI.....

**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.**