V. S. No. 2
50M—9-4-41
Rev. 5-17-39
P I X29484

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

Dr. Fulbright

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10261

FILED MAR 27 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 221

39 2 6

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 739 E. Walnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 44 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 739 E. Walnut
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

39 2 6

3. (a) PRINT FULL NAME: William Reps
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Amelia Reps
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: February (Month) 12 (Day) 1858 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | 0 | 29 | hr. ____ min. |

9. Birthplace: Baton Rouge (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Merchant
FATHER
12. Name: William Reps
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant: Mrs. Amelia Reps
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary Cemetery
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 3-12-43 (Date received local registrar) (b) D. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 4 minute 45 p.m.
21. I hereby certify that I attended the deceased from For past four years, 19__, to 3/11, 1943 that I last saw h. alive on 3/11, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic nephritis | |
| Due to: Prostatic Fibroids | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): age | |
| 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? (e) Means of injury
23. Signature: J H Freeman M.D. (M. D. or other)
Address: Date signed 3/12 43

984 (Licensed Embalmer's Statement on Reverse Side)

FEB 4 1948

## 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 Paul L. [illegible]

Licensed Embalmer No. 2457

P. O. Address [illegible]

**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.**