

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 1 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 4261

Registration District No. 149 Primary Registration District No. 1002

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:  
4511 Olive Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4511 Olive Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ----

3. (a) PRINT FULL NAME Mrs. Jennie E. DePree

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

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

6. (b) Name of husband or wife Mr. Peter H. DePree 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May 15 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 4 20 hr. min.

9. Birthplace Indianapolis Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----  
MOTHER FATHER { 12. Name William Baughman  
13. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth McClure  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank E. Morse  
(b) Address 4511 Olive Street

17. (a) Burial (b) Date thereof Oct. 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial of cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. V. Newcomer, Done  
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-7-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th  
year 1943 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 4, 1943 to Oct 5, 1943  
that I last saw her alive on Oct 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 54 years

Due to Chronic Nephritis 104 years

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/8

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? \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature Carl T. Moore (M.D. or other) MO.  
Address 6508 E. 37th, K.C. Mo. Date signed 10-6-43

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

6508 East - 37th Street  
1-6

**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 Emile M. Colbourn  
Licensed Embalmer No. 3506  
P. O. Address Kansas City - mo.

**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.**