

FILED JAN 8 1945  
Registration District No. **5281**

Primary Registration District No. **5281**

1. PLACE OF DEATH:

(a) County **Clark**  
(b) City or town **Rural Madison Jwp**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution **1**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark**  
(c) City or town **Rural Madison**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Henry Rebo.**

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

4. Sex **M.** 5. Color or race **W.** 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 **July 9 1864**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **27** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Waterloo Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

MOTHER FATHER { 12. Name **Benjamin Rebo.**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emily Chapman**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm David Frank**  
(b) Address **Kahoka Mo.**

17. (a) **Buried** (b) Date thereof **8-9-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Waterloo Cemetery**

18. (a) Signature of funeral director **Fred Phares**  
(b) Address **Kahoka Mo.**

19. (a) **12-29-44** (b) **Peny Boston**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6<sup>th</sup>**  
year **1944** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **8/6 - 8/6**  
to **8/6** 19 **44**  
that I last saw him alive on **8/6** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **epoplexy**  
Due to **1**  
Due to **270**

Other conditions (Include pregnancy within 3 months of death)

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

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) \_\_\_\_\_ (e) Means of injury **0**

23. Signature **W. D. Frank** (M. D. or other) \_\_\_\_\_  
Address **Kahoka Mo.** Date signed **12/29/44**

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

300

12 15

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-45-28

Date Filed JAN 5 1945

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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 J. J. Karle

Licensed Embalmer No. 1023

P. O. Address Katonia, 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.