

FILED JAN 15 1948

Primary Registration District No. 6225

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Person

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 yrs 8 mo 21 da
(Specify whether years, months or days)

In this community 19 yrs 8 months 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

(c) City or town Centerville Mo
(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 THOMAS E. REPP

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1944 hour 9 minute a M.

21. I hereby certify that I attended the deceased from 8-5-1944 to 12-16-1944

that I last saw him live on Dec 15 1944 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Miss J. Repp Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 20 # 1859
(Month) (Day) (Year)

Immediate cause of death: Senile dementia deterioration

Duration ?

8. AGE: Years 85 Months 2 Days 76 If less than one day hr. _____ min. _____

Due to _____

Due to 12-3-44

9. Birthplace Maryland (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) Intestinal hemorrhage 3 days

10. Usual occupation Farmer

Major findings: Of operations no

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Farm

12. Name Ephraim B. Repp

13. Birthplace Maryland (City, town, or county) (State or foreign country)

14. Maiden name Person

15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Admission papers

(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 16 '44 (Month) (Day) (Year)

(c) Place: burial or cremation Wrensburg Mo

18. (a) Signature of funeral director Sweeney, Illinois

(b) Address Warrensburg Mo.

19. (a) 12-16-44 (Date received local registrar) (b) Hoyle B. Beard (Registrar's signature)

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) (c) Means of injury _____

23. Signature J. R. Hall (M. D. or other) Address Nevada, Mo. Date signed 12/16/44

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

552

RECEIVED

Deputy Health Officer No. 7,

File No. 12-44-1446

Date filed 1-8-45

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.