

FILED MAY 11 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 179

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 Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
In this community 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Pearl
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marian Elizabeth Repplinger

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

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

6. (b) Name of husband or wife Fred Repplinger 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 12 1911
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Eli W. Scott

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

14. Maiden name Sallie Earl

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

16. (a) Informant Fred Repplinger

(b) Address 1317 Pearl

17. (a) BURIAL (b) Date thereof 4-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLARK MEMORIAL

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin, Mo.

19. (a) 4-21-45 (b) Gertie Schaller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4-13 1945 to 4-18 1945
that I last saw her alive on 4-18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Baso Motor Collapse
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations _____

Of autopsy above
PHYSICIAN M.M.E.
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 work) (e) Means of injury _____

23. Signature [Signature] (M. D. or D.O.) MD 4

Address Joplin, Mo. Date signed 4-19-45

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

MOTHER FATHER

45-4-334

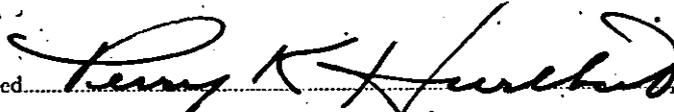
AUG 21 1946

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..... 

Licensed Embalmer No..... 959

P. O. Address..... Joplin, 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.