V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16025

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2198

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:
4139 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 4 years,
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. 4139 Wabash
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Violet Rebholz
3. (b) If veteran, name war no.
3. (c) Social Security No. 491-20-0014
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Francis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 6 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	10	12	hr. min.

9. Birthplace Minnesota (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Rolla Doggett
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Schrout
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Peggy Jean Rebholz,
(b) Address 4139 Wabash, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1945 hour 8:10 minute P. M.
21. I hereby certify that I attended the deceased from 11:30 AM — 5:00 PM - MAY 18 1945 to — 19 ;
that I last saw her alive on 5:00 PM. - MAY 18 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death RESPIRATORY FAILURE	
Due to BRONCHIAL PNEUMONIA	
Due to BRONCHIAL ASTHMA	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Clair S. Swann (M. D. or other)
Address 3548 Indiana Date signed May 19-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Swann

JUL 9 1945

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 E. M. Plaut

Licensed Embalmer No. 1848

P. O. Address K. C. 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.