

MAILED JUL 3 1945
Registration District No. _____

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 St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 DAYS
(Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami
(c) City or town Paola
(If outside city or town limits, write "RURAL")
(d) Street No. 503 North Pearl Street
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Alice A. Replegle

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 FRANK C. Replegle 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased MARCH 25 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 | 2 | 24 | _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name JOHN Heckman
13. Birthplace RICHMOND INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name UNIRNOWIN
15. Birthplace OSTERBROOK GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. FRANK C. REPLEGLE

(b) Address 503 NORTH PEARL, PAOLA, KANSAS

17. (a) Burial (b) Date thereof JUNE 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. K. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-18-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 16th
year 1945 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from Pathologist, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Due to Mitral thrombosis of left ventricle
Due to great coronary infarct
Other conditions Coronary sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 99.5
Of autopsy as above
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) (c) Means of injury _____
23. Signature Marjorie Jones (M. D. _____)
Address St. Luke's Hosp Date signed 6-16-45

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

838

MOTHER FATHER

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.....

Clarence H. Heston

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.