

FILED JAN 9 1945

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural Dunklin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3: (a) PRINT FULL NAME

William J. Reupro

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Susan Reupro 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Mar 30 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Fairfield Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Reupro
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Tompson
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Susan Reupro
(b) Address Campbell Mo.

17. (a) Burial (b) Date thereof 12/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoodgum Campbell

18. (a) Signature of funeral director W. J. Kelly

(b) Address Repro Ark

19. (a) 12/19/45 (b) W. J. Kelly
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1945 hour 6:30 minute 10 M.

21. I hereby certify that I attended the deceased from Dec 10 1945 to Dec 17 1945
that I last saw him alive on Dec 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to _____

Due to _____

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 _____

23. Signature W. J. Kelly (M. D. or other) 769
Address Campbell Mo Date signed 12/19/45

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

RECEIVED
District Health Office No. 36
District File Number 146-36
Date Filed 1-11-46

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 John R. Casner

Licensed Embalmer No. 2912

P. O. Address Reestar, Ark

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.