S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1513

FILED JAN 31 1946

Registration District No. 77

Primary Registration District No. 1002

Registrar's No. 180

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

1074

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:
632 East 72nd Street Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 632 East 72nd Street Terrace 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Woodford William Kepley

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 19 (Day) 1849 (Year)

8. AGE: Years 96 | Months 7 | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Mechanic & Farmer

11. Industry or business .....

FATHER
12. Name Rynard Kepley
13. Birthplace ..... (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Martha Hurst
15. Birthplace ..... (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Mrs June Short.

(b) Address 1212 West Short, Indep., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Dixon L. Kepley

(b) Address Independence, Missouri.

19. (a) 1-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1946 hour 5 minute 5 p. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 11, 1946 to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic gangrene of the feet	
Due to Morepronounced on the left	3 months
Due to	
Other conditions Senile changes (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 98.2
Of autopsy no

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 0

23. Signature John P. Green (M. D. or other)

Address Independence Mo Date signed 1-12-46

(Licensed Embalmer's Statement on Reverse Side)

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. 3156

P. O. Address Independence

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.