

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF HEALTH  
BUREAU OF THE  
**FILED** AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27494

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. ....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
19  
2  
5  
20003

**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:  
319 West 14th, /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 50 years

**3. (a) PRINT FULL NAME** Mathew K. Repplinger

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 6 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>6</u>	<u>14</u>	hr. <u>0</u> min. <u>0</u>

9. Birthplace Tiendorf Alsace-Lorraine  
(City, town, or county) (State or foreign country)

10. Usual occupation Ice Cream Manufacturer

11. Industry or business Repplinger Ice Cream Co.

**MOTHER FATHER**

12. Name Henry Repplinger

13. Birthplace Tiendorf, Alsace-Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Green

15. Birthplace Tiendorf, Alsace-Lorraine  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Repplinger

(b) Address 319 W. 14th St., Joplin, Mo

17. (a) Burial (b) Date thereof 7-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-25-46 (b) Ed. [Signature]  
(Date received local registrar) (Registrar's signature)

**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. 319 W. 14th St.,  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 20  
year 1946 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 22, 1946 to July 20, 1946  
that I last saw him alive on July 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 4 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations 740

Of autopsy \_\_\_\_\_

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 Ernest Mitchell (M. D. or other) M.D.

Address Joplin Mo Date signed 7-23-46

46-7-670

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**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 F. M. Jones  
Licensed Embalmer No. 2319  
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.**