No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 532

Registration District No. 59 | Primary Registration District No. 4097 | Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)
In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cass
(c) City or town: Harrisonville (If outside city or town limits, write "RURAL")
(d) Street No.: 708 East Pearl St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CLARENCE EDWIN REPPERT
3. (b) If veteran, name war: WORLD WAR I
3. (c) Social Security No. 489-24-0696
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: WILLIE ALICE REPPERT
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: JUNE (Month) 16 (Day) 1894 (Year)

8. AGE: Years 52 | Months 7 | Days 9 | If less than one day hr. min.
9. Birthplace: Rich Hill (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Druggist
11. Industry or business:
FATHER 12. Name: Clarence E. Reppert
13. Birthplace: Rose Tree (City, town, or county) Iowa (State or foreign country)
MOTHER 14. Maiden name: Jennie Connell
15. Birthplace: (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. C. E. Reppert
(b) Address: Harrisonville Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Jan 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. (a) Jan. 26-1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1947 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 2nd 1947, to Jan 25, 1947 that I last saw him alive on Jan 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	minutes
Due to: Arteriosclerosis	
Due to:	
Other conditions: Coronary sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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: Harry B. Newman (M. D. or other)
Address: Harrisonville, Mo. Date signed 1-25-47

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1947

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 Ernest Rennisburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.