

Registration District No. 431

Primary Registration District No. 5589

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Centerview - Rural
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

(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) 73 yrs

3. (a) PRINT FULL NAME Chas. W. Repp

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Marjorie Repp 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb - 22 - 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 26 hr. min.

9. Birthplace Unknown - Md.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Repp
(b) Address Centerview, Mo.

17. (a) Burial (b) Date thereof Jan 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centerview, Mo.

18. (a) Signature of funeral director Seecney - Phillip
(b) Address Warrensburg, Mo.

19. (a) Jan 18 - 40 (b) Cora D. Dumbay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Centerview Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Mar 9
1929 to Jan 18, 1940
that I last saw him alive on Dec 30, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death apnoea interstitial
hepatic
Due to 1 1/2 hr. min. 15 min

Other conditions sanctity
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. H. ... (M. D. or other) _____
Address Warrensburg Date signed Jan 18

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number *115760*
Date Filed

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.....

R. A. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. A. Phillips*.....
Licensed Embalmer No. *1320*
P. O. Address *Warrensburg, 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, above space should be left blank.