. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1942

Registration District No. 599

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17134

Registrar's No. 2065

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day 6 hr. (Specify whether
In this community 1 Day 6 hr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville Mo. 2
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Inf. Rehkop twin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W --

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased May- 25th-1942
(Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 6 hr. min.

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation --

11. Industry or business

FATHER
12. Name Leonard D. Rehkop
13. Birthplace Higginsville Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Heinze
15. Birthplace Kansas City. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard D. Rehkop
(b) Address Higginsville. Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-27-42
(Month) (Day) (Year)

(c) Place: burial or cremation Higginsville

18. (a) Signature of funeral director [signature]
(b) Address Higginsville. Mo.

19. (a) 5-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour 8 00 minute 30 AM M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h e x alive on May 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature 3 wks Asphyxia

Due to 159

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address 1103 Grand K.C. Mo Date signed 5/26/42

361

(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.....

This Infant was not embalmed., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 539

P. O. Address.....

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.