

No. 2
5-47
17-3
X32873

FILED JAN 21 1949 149
Registration District No. _____

Primary Registration District No. **1002**

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

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: **Kansas City General Hospital No. 10**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 Days**
 In this community **6 1/2 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Carl F. Reppeto**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **496-01-6003**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Lenora G. Reppeto**
6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **June 9 1912**
 (Month) (Day) (Year)

8. AGE: Years **30** Months **6** Days **27**
 If less than one day hr. min.

9. Birthplace **Higgins Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Warehouseman**

11. Industry or business **Merchandise Warehouses, Inc.**

MOTHER FATHER
12. Name **Louis Reppeto**
13. Birthplace **Unknown West Virginia**
 (City, town, or county) (State or foreign country)
14. Maiden name **Amanda Johnson**
15. Birthplace **Sweden**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lenora Reppeto**

(b) Address **4327 Charlotte**

17. (a) Burial **Jan. 9, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **W. H. Newcomer, Sore**

(b) Address **1401 Brush Creek Blvd.**

19. (a) 1-8-43 **(b) W. M. Crowe**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4327 Charlotte Street**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **6th**
 year **1943** hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____;
 that I last saw him **Deputy Coroner**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Street Car Trauma**
Due to **Skull fracture**
Due to **1712 1/2**
Other conditions **51**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **See Above**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 123**
 (b) Date of occurrence **Dec. 29, 1942**
 (c) Where did injury occur? **4327 Charlotte Jackson Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place Pedestrian
 (Specify type of place) (e) Means of injury **St. Car Acc.**
 While at work? _____
23. Signature **W. E. Usher M. D.** (M. D. or other)
Address **23rd Mc Coy** **O** **Date signed** **1/7/43**

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Elmer Thomas*
Licensed Embalmer No. *2640*
P. O. Address *Kansas City*

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.