

S. No. 2  
DM-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 13 1946  
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 1002

State File No. 5842  
Registrar's No. 1016

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: 4009 FOREST AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 31 YEARS years, months or days)

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. 4009 FOREST AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country SWEDEN

3. (a) PRINT FULL NAME JOHN AUGUST REHN  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO ONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEB day 26<sup>th</sup>  
year 1946 hour 10 minute 0 P. M.  
21. I hereby certify that I attended the deceased from 2/25, 1946 to 2/26, 1946  
that I last saw him alive on 2/26/46 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. CORA PEARL REHN  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased APRIL - 5 - 1865  
(Month) (Day) (Year)

Immediate cause of death Bronchial Hypertalic Pneumonia Duration 2 days

8. AGE: Years 80 Months 10 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Arteriosclerosis  
Major findings:  
Of operations \_\_\_\_\_

9. Birthplace UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)  
10. Usual occupation RETIRED 25 YEARS

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

11. Industry or business TAILOR  
12. Name UNKNOWN REHN  
13. Birthplace UNKNOWN  
(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 MRS. CORA PEARL REHN  
(b) Address 4009 FOREST AVENUE  
17. (a) BURIAL (b) Date thereof MAR 1 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. MORIAN CEMETERY

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. E. Ball (M. D. or other) \_\_\_\_\_  
Address 1102 E. 47th Date signed 2/27/46

18. (a) Signature of funeral director W. H. Newcomer, Sons  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 2-28-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

4831

Protest Centre Bldg

**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 Carl Rapp  
Licensed Embalmer No. 23458  
P. O. Address K. C. 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.**