No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23914

FILED AUG 12 1946

Registration District No. 46

Primary Registration District No. 3026

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
In this community 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 11309 West Van Horn 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DONALD B. TREPTE

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 1

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 12 1942
(Month) (Day) (Year)

8. AGE: Years 4 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Dubuque, Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Donald B. Trepte
13. Birthplace LaCrosse, Wisconsin 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Miller
15. Birthplace Hamilton, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Trepte

(b) Address 11309 W. Van Horn, Independence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 7-31-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 18 day
year 1946 hour 1:55 minute a M.

21. I hereby certify that I attended the deceased from October 2 1945 to July 18 1946
that I last saw him alive on July 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus Congenital

Due to Third Ventricle

Due to blocked

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 15 ca
no operation

Of autopsy
Hydrocephalus — 3rd Ventricle

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 0

23. Signature C. H. Allen (M. D. or other) M.D.

Address Independence Mo Date signed 7/18/46

351 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Raymond M Morton

Licensed Embalmer No. 4150

P. O. Address Indep. 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.