

Reverb.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8557

FILED APR 2 1947

Registration District No. 111

Primary Registration District No. 4183

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific Mo. Rural
(c) Name of hospital or institution: Pacific Mo. Rural
(d) Length of stay: In hospital or institution none!
In this community 68 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Labadie Mo.
(d) Street No. Rural
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME ISAAC RHIDENHURER REPETTO.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olivia Jane Repetto (nee) 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 20 1879

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>8</u>	hr. min.

9. Birthplace Labadie Mo.

10. Usual occupation Farmer

11. Industry or business

12. Name Louis Repetto

13. Birthplace Italy

14. Maiden name Jane Rhidenhauer

15. Birthplace Fox Creek Mo.

16. (a) Informant Mrs. J. Repetto

(b) Address Labadie

17. (a) Burial (b) Date thereof Nov. 30-47

(c) Place: burial or cremation Labadie Mo.

18. (a) Signature of funeral director Otto

(b) Address Washington

19. (a) Mar-29-47 (b) Ernest Bloss

(c) Pacific (d) 3/29/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day March year 1947 hour 5 P. M.

21. I hereby certify that I attended the deceased from 16 1946 to 28 March, 1947.
that I last saw him alive on 28 March 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chrom myocarditis, Decompensated, stage
Due to CARDIO-VASCULAR RENAL DISEASE

Other conditions ARTERIO SCLEROSIS
(Include pregnancy within 3 months of death)
CHRONIC PROSTATITIS

Major findings: Of operations 93D
Of autopsy

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?
(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: Dr. Baker (M. D.)
Address: Pacific Date signed: 3/29/47

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

36

36

~~Date Filed~~
~~District File Number~~ 4-1-47
District Health Officer No. 9,
RECEIVED

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.....

Maurice Willenbrink....., Registered Apprentice No. *442*
working under my personal supervision.

Signed.....
[Signature]

Licensed Embalmer No. *2464*

P. O. Address *Washington, 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.