

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23214

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 907
(b) Township Pleasant Valley Primary Registration District No. 4548
(c) City Manfield (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 72 yrs. 3 mos. 2 wks. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NANCY ANN RIPPEE

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT G. RIPPEE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 20 - 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation. Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WRIGHT Co. MISSOURI
13. NAME JOHN. NEWTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA
15. MAIDEN NAME MARY L. RIPPEE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT FRONA RIPPEE
(ADDRESS) MANFIELD MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE NEWTON Cem. DATE JUNE 12, 1938
19. FUNERAL DIRECTOR STEFFE FUNERAL HOME
(ADDRESS) MANFIELD MO.
20. FILED 62 20, 1938 J. W. Short
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 19, 1938.
I last saw her alive on June 10, 30, 1938. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset June 8, 38
59'

Other contributory causes of importance:

Diabetic Mellitus 18 yr

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. A. Janson

_____, M. D.

(Address) Manfield932

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Floyd A. Steffe, Licensed Embalmer No. 3221

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

F. A. Steffe

Licensed Embalmer No. 3221

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.)