

REC'D SEP 28 1938

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

29846
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Mo. Primary Registration District No. 2026 Registered No. 1616
(c) City Richmond Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thimas William Rippy
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married
Divorced (use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mara Rippy (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 8 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Mining

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Richmond 0
(STATE OR COUNTRY) Mo. 0

13. NAME W.N. Rippy 0

14. BIRTHPLACE (CITY OR TOWN) Richmond 0
(STATE OR COUNTRY) Mo. 0

15. MAIDEN NAME Mary Ware

16. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo.

17. INFORMANT W.N. Rippy
(ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Aug. 30, 1938

19. FUNERAL DIRECTOR E. Thurman
(ADDRESS) Richmond Mo. 668

20. FILED 9-1-38 Frank McDonald
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 8-23-38, 19, to 8-28-38, 19

I last saw him alive on 8-28-38, 19. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

Date of onset

?

Other contributory causes of importance: 131

Chronic Nephritis

?

Name of operation _____ Date of _____

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? NO

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

Accident, suicide, or homicide? _____ Date of injury _____, 19

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? NO

If so, specify _____

(Signed) Thos. J. Cook, M. D.

(Address) Richmond, Mo.

CEIVED
District Health Officer No. 8
District File Number
9/27/38
Filed

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)