

REC'D FEB 11 1939

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

3014
 Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 543
 (b) Township Boone Primary Registration District No. 5743
 (c) City Meta 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

128 Amuel Lawrence Ripka
 (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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singles

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 8 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Keeper
 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) (STATE OR COUNTRY) Marion Co. Mo

FATHER 13. NAME Willard Ripka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

MOTHER 15. MAIDEN NAME Nora Fitzpatrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

17. INFORMANT (ADDRESS) Willard Ripka
Meta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meta DATE Febr 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred N. Gilbert
Box on
Meta Mo

20. FILED Feb 8, 1939 Mrs. Rosa Lawson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939, to Feb 3, 1939
 I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 3:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 1/23/39
108

Other contributory causes of importance:
Pneumococcus Septicemia 1/28/39
Pneumococcus Meningitis 2/2/39

Name of operation _____ Date of _____
 What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1939
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify X
 (Signed) Boley Gates M. D. O.

(Address) Brinktown, Mo
484

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,

Feb. 3- 1939

..... or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Fred D. Gillette

Licensed Embalmer No. *2341*

P. O. Address *Union*

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, above space should be left blank.