

FILED FEB 7 1939

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

4175  
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 906  
(b) Township Edwards Primary Registration District No. 6221  
(c) City Hartsville or 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 Mary C Ripper

(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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 5 21

OCCUPATION 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) ms

FATHER 13. NAME Geo W Scribner

14. BIRTHPLACE (CITY OR TOWN) ms (STATE OR COUNTRY) ms

MOTHER 15. MAIDEN NAME Talitha Duggan

16. BIRTHPLACE (CITY OR TOWN) ms (STATE OR COUNTRY) ms

17. INFORMANT W. F. Ripper (ADDRESS) Hartsville ms

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Dec 10 1939

19. FUNERAL DIRECTOR (NAME) Gene E Helton (ADDRESS) 40 Hartsville ms

20. FILED Dec 29 1939 Ella Clayton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1939, to Dec 9 1939. I last saw him alive on Dec 4 1939. Death is said to have occurred on the date stated above, at 4:00 p.m. The principal cause of death and related causes of importance were as follows:

Heart insufficiency  
Date of onset Jan 1 1939

Other contributory causes of importance: HTN

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. R. Matt, M. D.  
940 (Address) Hartsville ms

K. 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.

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**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..... *Gene E. Haldren* .....

Licensed Embalmer No. *3865*

P. O. Address..... *Hartsville Md* .....

**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.**