

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21187**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **975**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Swift Packing Plant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **40 years** (Specify whether years, months or days)
In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2604 Seneca**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1941** hour **3:** minute **15** P.M.
21. I hereby certify that I attended the deceased from **June 22 1941**
that I last saw him alive on **June 22 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis**

Due to **Hypertension**

Due to **Arteriosclerosis**

Other conditions: **44W**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **—**
Of autopsy: **—**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature **M. B. Grimes** (M. D. or other)
Address **St. Joseph, Mo.** Date signed **6-23-41**

3. (a) PRINT FULL NAME **William Jerry Rippy**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **495-01-6710**

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

6. (b) Name of husband or wife **Nelle Rippy** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **June 14, 1888**
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **8** If less than one day hr. min.

9. Birthplace **Worth County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **Swift Packing Co.**

12. Name **Benjamin Rippy**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Van Houten**

15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William Jerry Rippy**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **6/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph Memorial Pa**

18. (a) Signature of funeral director **Newton - Be Hale & Brunner**

(b) Address **319 South 10th, St. Joseph**

19. (a) **June 24, 1941** (b) **R. H. West**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUL 7 1941

JUL 30 1941

MAY 21 1946

APR 18 1944

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 Wm L. Summerfield

Licensed Embalmer No. 3607

P. O. Address 319 So 10 St Joseph

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.