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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32378

FILED SEP 30 1941

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 598

Registrar's No. 1720

1. PLACE OF DEATH:

(a) County: Ripley

(b) City or town: Ripley

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community: 65 yrs 1 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Ripley

(c) City or town: \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: REBECCA FAHN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 31  
year: 1941 hour: 4 minute: 2 A.M.

21. I hereby certify that I attended the deceased from May 30, 1941 to May 31, 1941  
that I last saw her alive on May 30, 1941  
and that death occurred on the date and hour stated above.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Jan 27 1858  
(Month) (Day) (Year)

Immediate cause of death: Lobar pneumonia 3 day

8. AGE:

Years: 83	Months: 5	Days: 4	If less than one day: _____ hr. _____ min.
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Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_

9. Birthplace: unknown Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

12. Name: William Webb

13. Birthplace: unknown Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name: Rebecca Samson

15. Birthplace: unknown Louisiana  
(City, town, or county) (State or foreign country)

Major findings: 108

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Lee Fahn  
(b) Address: Boniphan mo.

17. (a) Burial (b) Date thereof: May 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Stevens Cent.

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? \_\_\_\_\_

18. (a) Signature of funeral director: B. Lock's Mortuary  
(b) Address: Boniphan mo.

19. (a) 8-15-41 (b) E. C. Johnston  
(Date received local registrar) (Registrar's signature)

23. Signature: Clifford Johnston (M. D. or other) \_\_\_\_\_  
Address: Boniphan mo. Date signed: \_\_\_\_\_

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. 5,

District File Number. 8811927

Date Filed                     

147

APR 19 1947

*[Handwritten signature]*

**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                     

Licensed Embalmer No.                     

P. O. Address                     

**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.