S. No. 2
—1-4-41
. 5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6412

FILED MAR 19 1942

Registration District No. 1943

Primary Registration District No. 3014

Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries
(c) City or town Meta
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Stokes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased October (Month) 22 (Day) 1891 (Year)

8. AGE: Years 50 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Miller County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER
12. Name Rudolph Ripke
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Seaton
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Albert Stokes
(b) Address Meta Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Meta, Mo.
18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson
19. (a) 2-22-42 (Date received local registrar) (b) Norina Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 22 year 1942 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Feby 10, 1942 to Feby 22, 1942 that I last saw her alive on Feby 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	1 Mo
Due to Lymphosarcoma Thyroid	
Due to	
Other conditions (Include pregnancy within 3 months of death) 55C	
Major findings: Of operations Enlarged Thyroid	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M R Cheadridge (M. D. or other)
Address J C Mo Date signed 2/22/42

(Licensed Embalmer's Statement on Reverse Side)

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 L H Anderson

Licensed Embalmer No. 3641

P. O. Address Jimo.

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.