

FILED MAR 20 1942
Registration District No. _____

Primary Registration District No. 5618

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

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town RURAL DUFF TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OAKLAND Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALWAYS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE 53
(c) City or town RURAL OAKLAND 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. OAKLAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE L. RIPPY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN B. RIPPY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV 11 1972
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days _____ If less than one day hr. _____ min. _____

9. Birthplace LACLEDE Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____
12. Name CARL G WAGONER
13. Birthplace SAXONY GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name HENRYETTA KEEPY
15. Birthplace IND.
(City, town, or county) (State or foreign country)

16. (a) Informant Am W L Starnes
(b) Address Catsland Mo.

17. (a) BURIAL (b) Date thereof 2 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAKLAND CEM.

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) 2-13-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
year 1942 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from 12/9/41
1941 to Feb. 10 1942
that I last saw her alive on FEB. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration _____

Due to Neemia

Due to Chronic nephritis

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy -
121 P
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) (e) Means of injury 2

23. Signature Arutha A. Knauer (M. D. or other) D.O.
Address 109 Mineral Lebanon, Mo. Date signed 3/19/42

RECEIVED

~~District Health Officer No.~~
~~District File Number~~ 3-42-61
Date Filed March 12, 1942

JUN 8 1954

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.....

Allyn Dethage....., Registered Apprentice No. 294
working under my personal supervision.

Signed..... R. Babner

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo.

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.