

FILED APR 15 1942
Registration District No. 708

Primary Registration District No. 5564

Registrar's No. 60

049
000

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, Madison Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R # 1 Carthage Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community 74 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁰⁴⁹

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. R # 1 Carthage Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Virgil Riffée

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased June 13 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>4</u> hr. min.

9. Birthplace Ripley W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER

12. Name Thomas Riffée

13. Birthplace Unknown W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Armstrong

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

16. (a) Informant E E Riffée

(b) Address R # 1 Carthage Mo.

17. (a) Burial (b) Date thereof March 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskin Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Mar. 19, 1942 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 14
1942 to March 17 1942

that I last saw him alive on 3-17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Heart Disease
with Cardiac failure ^{5 days}

Due to

Due to

Other conditions Chronic Hepatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131b

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?

(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

23. Signature [Signature] (M. D. or other) MD

Address 1209 So. Main Date signed 3-19-42

42-3,325

APR 22 1948

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 *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.