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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22449

Registration District No. 838 Primary Registration District No. 4509 Registrar's No. 26

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 948 E. Stoddard 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jesse Carrol Ripey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
(a) Single, widowed, married, divorced /
6. (b) Name of husband or wife Mrs Sadie Ripey
6. (c) Age of husband or wife if alive ~~68~~ 64 years
7. Birth date of deceased March 4, 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 5 If less than one day hr. min.

9. Birthplace White Co. (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name J. C. Ripey
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Cline
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sadie Ripey
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, 11, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 6-12-42 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 June day June year 1942 hour 7 minute 20 A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cor. Jury Verdict. death
Due to Accident, Hit by N. Bond Cotton Belt Freight.
Due to
Other conditions (Include pregnancy within 3 months of death) 169-8
Major findings:
Of operations 20
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) Accident 103
(b) Date of occurrence June 9, 1942, 7.20 AM
(c) Where did injury occur? Dexter, (City or town) Stoddard (County) MO. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Watkins Funeral Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Gus Hearn Acting Coroner
Address Bloomfield Mo. Date signed 6-9-42

1154

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 742-868
Date Filed JUL 13 1942

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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.