

FILED SEP 9 1942  
 Registration District No. 324

Primary Registration District No. 3072

97

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

1. PLACE OF DEATH:  
 (a) County Saline  
 (b) City or town Marshall  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Fitzgibbon  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 19 Years (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Saline 97  
 (c) City or town Marshall Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Ripley  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 23, 1942  
 year 1942 hour 3 A.M. minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased April, 4, 1884  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 25 42  
 1942 to Aug 23 42 1942  
 that I last saw him alive on Aug 22 42 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial infarction - cholelithiasis - hypertension - pneumonia  
 Duration 3 hrs.

8. AGE: Years 58 Months 4 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Post. Surgery - 1 120 hr.

9. Birthplace Kansas City Kan,  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Due to \_\_\_\_\_  
 Other conditions 1220  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name All Scott  
 13. Birthplace Kansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Edna Winley  
 15. Birthplace Kansas  
 (City, town, or county) (State or foreign country)

Major findings: Cholelithiasis  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant James Ripley  
 (b) Address Slater Mo.  
 17. (a) Burial (b) Date thereof Aug, 20, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Slater Cemetery  
 18. (a) Signature of funeral director Jones and Sulzer.  
 (b) Address Slater Mo.  
 19. (a) Aug 26 - 42 (b) Mo T.O. Westbrook  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature Wm E Leetwood (M. D. or other) mas  
 Address Slater Mo Date signed 8/25/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-7-42

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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.....

*Herman Salzer*

Licensed Embalmer No.....

*1881*

P. O. Address.....

*State 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.**