

36788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 4065

Registrar's No. 14

13
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo
(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)

In this community all N. Y.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Polo 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 no

3. (a) PRINT FULL NAME Ella M. Ribelin

3. (b) If veteran, ✓ name war.

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1942 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 10
19 42 to Oct 17 19 42
that I last saw her alive on Oct. 17 19 42
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race wh

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

6. (b) Name of husband or wife Jess Ribelin

6. (c) Age of husband or wife if alive 78 years

Birth date of deceased Feb. 21 1866
(Month) (Day) (Year)

Immediate cause of death acute dilatation of heart

Due to Lobar Pneumonia

Due to

Other conditions Sinus Dementia
(Include pregnancy within 3 months of death)

Duration
12 hrs

2 days

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>7</u>	<u>24</u> hr. min.

9. Birthplace Caldwell Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name B. F. Brown

13. Birthplace N.Y. (State or foreign country)

14. Maiden name Alie Com

15. Birthplace N.Y. (State or foreign country)

16. (a) Informant Jess Ribelin

(b) Address Polo

17. (a) Burial (b) Date thereof 10-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston

18. (a) Signature of funeral director Asplund & Cowley

(b) Address Polo Mo.

19. (a) (b)
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 108

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature C. H. Wilson M.D. (M. D. or other) B

Address Polo Mo. Date signed 12-17-42

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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 _____

Jean A. Olopang

Licensed Embalmer No. 2908

P. O. Address Palo Alto, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36788
Registrar's No. 14

Registration District No. 46 Primary Registration District No. 4065

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

Ell M. Rebelin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex ♂

7

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Feb 21
(Month) (Day)

1966
(Year) (Year)

8. AGE:

Years

Months

Days

If less than one day

76

7

1/2 min.

9. Birthplace

Caldwell
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

11. Industry of business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

11-19-42
(Date received local registrar)

Mrs. Verian Bridgewater
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____

year 1942

hour _____

minute _____

M.

21. I hereby certify that I attended the deceased from _____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature _____

(M. D. or other)

Address _____

Date signed _____

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

SUPPLEMENTARY

S-36788