

Registration District No. 312

Primary Registration District No. 4457 4457

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Lowry City
(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 All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Lowry City (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lucinda C. Rippetoe

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Frank Rippetoe 6. (c) Age of husband or wife if alive, 29 years
7. Birth date of deceased: April 6 1852 (Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Joe Rippetoe

(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Missouri

19. (a) 2-9-43 (Date received local registrar) (b) A. E. Lotz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1943 hour 2 minute M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Feb 5, 1943 that I last saw her alive on Jan 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

aorta aneurysm

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature C. S. Stratton (M. D. or other)

Address Lowry city Mo Date signed 2/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District no. ~~2-43-6~~ 3-3-43

Date filed ~~.....~~

STATEMENT BY LICENSED EMBALMER¹

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Osceola, 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.