

ED JUL 2 1943

Registration District No. 375

Primary Registration District No. 6278

1. PLACE OF DEATH:

(a) County Wright  
 (b) City or town Hartville rural Brush Creek  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: At his home  
12 miles northwest of Hartville  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)  
 In this community 70 yrs.  
years, months or days

3. (a) PRINT FULL NAME JAMES ALBERT RIPPEE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna Rippee  
 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased 7 10 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	10	_____ hr. _____ min.

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

10. Usual occupation Stockman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harrison Rippee  
 13. Birthplace \_\_\_\_\_ Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julia Ann Prock  
 15. Birthplace \_\_\_\_\_ Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. R. Rippee  
 (b) Address W. S. Rippee

17. (a) Burial (b) Date thereof 4 22 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Green Valley Cem.

18. (a) Signature of funeral director Gene E. Holden  
 (b) Address Hartsville Mo

19. (a) 5-14-43 (b) W. S. Rippee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wright  
 (c) City or town Hartville Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 12 miles northeast of Hartville  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? Born in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20  
 year 1943 hour 6:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 4/18/43 to 4/26/43, 1943  
 that I last saw him alive on 4/21/43, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Stroke  
of cerebral arteries  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature W. S. Rippee (M. D. or other)  
 Address \_\_\_\_\_ Date signed 4/22/43

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

Rev. 5-17-39 I 18181

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Underline the cause to which death should be charged statistically

1943

RECEIVED

District Health Officer No. 6,

District File Number 643-779

Date Filed JAN 29 1945

JAN 25 1945

AUG 23 1945

AUG 13 1945

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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

*Gene E. Holdren*

Licensed Embalmer No.

3865

P. O. Address

*Hartsville, 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, above space should be left blank.