

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43535

Registration District No. 307

Primary Registration District No. 6034

Registrar's No. 1932

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural Ripley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mi. West of Crossroads School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 56 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural Ripley
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi. West of Crossroads School
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jonah Riley

3. (b) If veteran, name war _____

3. (c) Social Security No. 6

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Pennington 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug 6 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 02 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. Ripley

13. Birthplace St Charles (City, town, or county) Mo (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. H. Ripley

(b) Address Douglas, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Minnie Bish

(b) Address Ripley, Mo

19. (a) 10-21-43 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 10-19-43 to 10-19-43; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Probably Myocarditis
Due to arterial sclerosis and hypertensive chf

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) (e) Means of injury _____
23. Signature E. O. Johnston (M. D. or other) _____
Address Douglas, Mo Date signed 10-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

Bryan McCord

Licensed Embalmer No.....

4079

P. O. Address.....

Taylor, 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.