S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6007

Registrar's No. 782

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4109 Holmes (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K C Mo (If outside city or town limits, write "RURAL")

(d) Street No. 4109 Holmes (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country

48
3
9

3. (a) PRINT FULL NAME MRS CORDA CRIPPEN

3. (b) If veteran, name war — no

3. (c) Social Security No. — none

4. Sex Fe

5. Color or race wh

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

6. (b) Name of husband or wife — unknown

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

7. Birth date of deceased 1-6 1869 (Month) (Day) (Year)

8. AGE: Years 75 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace — (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation — at Home

11. Industry or business —

FATHER
12. Name Wm Williams
13. Birthplace — (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Vinard
15. Birthplace — (City, town, or county) Md 0 (State or foreign country)

16. (a) Informant Willy Stewart

(b) Address 4109 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Fleming Mo

18. (a) Signature of funeral director C. U. Mont Memorial Home

(b) Address K. C. Mo

19. (a) 2-17-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1944 hour 5 minute 40 A M.

21. I hereby certify that I attended the deceased from November 21, 1942, to Feb. 14, 1944 that I last saw her alive on Feb. 15, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Coronary Thrombosis	2 yrs.
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.

A32

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? (Specify type of place)

While at work? (e) Means of injury ?

23. Signature F. W. Thompson (M. D. or other) D.O.

Address 720 Bryant Bldg Date signed 2/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 Howard L. Roe

Licensed Embalmer No. 2748

P. O. Address .....

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.