. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1944

Registration District No. 1002

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 17580

Registrar's No. 470

1. PLACE OF DEATH:

(a) County: Buchanan,

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

(c) Name of hospital or institution: Missouri Methodist Hospital (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: 5 yrs. 8 mos. 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: Mo. Methodist Hospital (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Emma J. Ware,

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Robert W. Ware

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

7. Birth date of deceased: Oct. (Month) 14 (Day) 1864 (Year)

8. AGE: Years 79 Months 6 Days 25 If less than one day hr. min.

9. Birthplace: Holt county (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER 12. Name: William David Rippley

FATHER 13. Birthplace: Eckhart county (City, town, or county) Indiana (State or foreign country)

MOTHER 14. Maiden name: Eliza Catherine Keeney

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

16. (a) Informant: Mr. Toll R. Ware

(b) Address: 7557 Byron Place Clayton, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 5/11/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Severance, Kansas

18. (a) Signature of funeral director: Upton Bethole & Bowman

(b) Address: 319 South 10th

19. (a) 5/10/44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1944 hour 5:30 minute a M.

21. I hereby certify that I attended the deceased from Nov. 20, 1937 to May 4th, 1944 that I last saw her alive on April 20th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration: 17 yrs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage

Nov. 20th 1937 - R-side Paralysis

Major findings:

Of operations:

Of autopsy: 61

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. T. Elam M.D. (M. D. or other)

Address: St. Joseph Mo. Date signed: 5/9/44

1233 (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 Frank A. [illegible]

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.