

FILED OCT 17 1944

Registration District No. 214

Primary Registration District No. 6065

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County St. Clair  
 (b) City or town Osceola rural (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether)  
 In this community 75 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: St. Clair  
 (a) State Missouri (b) County St. Clair  
 (c) City or town Osceola rural (If outside city or town limits, write "RURAL")  
 (d) Street No. seven mile east (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country ?

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

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

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia A. 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12 23 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 1 If less than one day hr. min.

9. Birthplace St. Clair Co (City, town, or county) No (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Frank Rippetoe

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Johnson

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Johnson (b) Address Osceola, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/26/44 (Month) (Day) (Year)

(c) Place: burial or cremation Iconium, Mo.

18. (a) Signature of funeral director J.B. Seever

(b) Address Osceola, Mo.

19. (a) 9-25-1944 (Date received local registrar) (b) J.B. Seever (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/24/1944 day year 10-30 hour A.M. minute M.

21. I hereby certify that I attended the deceased from 9/24-44 to 9/24/44 that I last saw him alive on 9/24/44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to dont know

Duration pain of it 6 hr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations XXX

Of autopsy XXX

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) XX

(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 Ruth Seever (M. D. or other)

Address Osceola, Mo. Date signed 9/25/44

133  
113/44

1160

RECEIVED

OCT 17 1944

District Office No. 71

Number 9-44-1145

Date Filed 10-10-44

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 Paul Stevenson

Licensed Embalmer No. 3990

P. O. Address Oscoda, Mich.

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.