

STANDARD CERTIFICATE OF DEATH

State File No. **14188**

Registration District No. **301**

Primary Registration District No. **6042**

Registrar's No. **2117**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **rural**
(c) Name of hospital or institution **no - ~~Waverly~~ township**
(d) Length of stay: In hospital or institution **1**
In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Ripley**
(c) City or town **rural**
(d) Street No. **0**
(e) Citizen of foreign country? **Varner Township**
If yes, name country _____

3. (a) PRINT FULL NAME **William P. Dabbe**

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

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

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

7. Birth date of deceased **Oct. 13 1884**
(Month) (Day) (Year)

8. AGE: Years **61** Months **1** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Wayne Co. Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Mechanic**

12. Name **W. C. Dabbe**

13. Birthplace **Louis Co. Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mildred Tharp**

15. Birthplace **Louis Co. Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. C. Dabbe**

(b) Address **Waynes mo**

17. (a) ~~Removed~~ (b) Date thereof **11-21-45**
(Burial, cremation, or re-removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blanch Cemetery**

18. (a) Signature of funeral director **R. S. Craft**

(b) Address **Jonesboro Mo**

19. (a) **1-10-46** (b) **E. B. Johnston**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Nov** day **19**
year **1945** hour **5** minute **57 AM**

21. I hereby certify that I attended the deceased from **Nov 16 1945** to **Nov 19 1945**
that I last saw him alive on **Nov 16 1945**
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19**
year **1945** hour **5** minute **57 AM**

21. I hereby certify that I attended the deceased from **Nov 16 1945** to **Nov 19 1945**
that I last saw him alive on **Nov 16 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**
Due to **hypertension**

Other conditions **none**
(include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **no**

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. C. Dabbe** (M. D. or other) **MD**
Address **Waynes mo** Date signed **11/22/45**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

101184

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.....

Robert S. Craft, at Jonesboro Ark, Registered Apprentice No. *664 Ark*
working under my personal supervision.

Signed *Robert S. Craft*

Licensed Embalmer No. *664*

P. O. Address *Jonesboro Ark*

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.