

FILED 027/14 1946

Primary Registration District No. 3052

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Bothwell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two weeks  
(Specify whether)  
In this community 10 years  
(years, months or days)

3. (a) PRINT FULL NAME

Sylvester Ripley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 14 - 1863  
7. Birth date of deceased Oct 14 - 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 11 If less than one day hr min.

9. Birthplace Terre Haute Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Sylvester Ripley

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

14. Maiden name Do not know

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

16. (a) Informant Allen Ripley

(b) Address Curville MO

17. (a) Burial (b) Date thereof 9-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director A. F. Newman

(b) Address Smithton MO

19. (a) 10-4-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 625 W. 14th St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1946 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 14 to Sept 14, 1946  
that I last saw him alive on Sept 14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations §3A

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 MO 9/16/46

23. Signature Dr. S. S. S. S. (M. D. or other)

Address Sedalia MO Date signed

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-12-46

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

*M. F. Nemmyer*

Licensed Embalmer No.

3912

P. O. Address

*Smithton 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.