

No. 2
5-43
5-17-39
1

FILED MAR 10 1947

Registration District No. 139 Primary Registration District No. 4224

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)

In this community 3 Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Cameron Mo 1
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Eugene Ripley

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Artie Ripley

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 23 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Vinton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William A. Ripley 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Melvina 9

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dale Ripley

(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Feb. 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Missouri

18. (a) Signature of funeral director James H. Pettyjohn

(b) Address Oregon Mo

19. (a) July 22 1947 (b) J. Chang
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 20
year 1947 hour 12:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 15, 47 to FEB 20, 47, 19____; that I last saw him alive on FEB 19, 47 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

CARCINOMA OF LIVER 8 MO.

↓ GALLBLADDER

Due to SENILITY.

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: H&F

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 9

23. Signature H. E. Colkin, D.O. (M.D. or other)

Address Forest City, Mo. Date signed FEB 22, 47

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

MOTHER FATHER

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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

James H. Pettigrew

Licensed Embalmer No.

31092

P. O. Address

Oregon 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.